

COLONY OF MAURITIUS.

ANNUAL REPORT

OF THE

DIRECTOR, MEDICAL AND HEALTH DEPARTMENT

FOR THE YEAR

1899.

REPORT

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THE DIRECTOR, MEDICAL AND HEALTH DEPARTMENT TO THE
HONORABLE THE COLONIAL SECRETARY.

C/No. 906.

Port Louis, Mauritius,
29th. March, 1900.

The Honorable
The Colonial Secretary.

Sir,

I have the honour to submit for the information of His Excellency the Governor and for transmission to the Right Honorable the Secretary of State, the Medical Report on the health and sanitary condition of Mauritius for the year 1899, together with the Returns, &c., appended thereto.

REPORT.

I.—Statistics of Population, 1899.

The estimated population for the year showed a slight increase over that of 1898. The figures are : 379,586 for 1899, 378,872 for 1898 and 377,856 for 1897.

The increase in 1899 was particularly among the Indo-Creole population, whilst there was a marked falling off among the Immigrants.

The birth-rate of the year was 39.4 per thousand against 36.3 in 1898 and 36.1 in 1897.

The death-rate of the Colony was 37.9 per thousand against 31.9 in 1898 and 29.5 in 1897.

The year under review as compared with the previous one shows therefore : an increase in the population of 714, an improvement in the birth-rate of 3.1 per thousand and a rise in the death-rate of 6 per thousand.

The rise in the death-rate is partly due to plague which broke out in this Colony in January 1899, and assumed an epidemic character in the month of June following.

II.—Prevailing Diseases.

The year opened with a localized outbreak of plague in the Eastern Suburb of Port Louis (*Camp Yollofs*) which gradually diffused itself over certain parts of the Colony. The number of cases shown in the accompanying nosological returns, viz : 66 with 32 deaths, include only those which were diagnosed as such after the patients' reception at a public hospital and before their removal to special lazarets, where the bulk of plague cases were sent direct for treatment.

A fact worthy of note is that not a single patient contracted plague whilst under treatment in hospital,—a result due to the special precautions taken in all Public Hospitals of isolating all suspicious cases in a special ward, on admission.

Separate reports will be forwarded dealing fully with the outbreak, progress of and measures adopted for stamping out the disease.

Apart from plague, the Colony has been free from all other epidemic or highly contagious diseases.

Influenza.—There has been no material variation in the number of admissions for influenza, the figures being 726 for 1898 and 783 for 1899. The death-rate in the two years was 5.10 and 4.47 o/o, respectively.

Enteric fever showed a slight increase in the number admitted to hospitals, and there are indications pointing to the disease spreading in the higher localities of the Colony. The number admitted into public hospitals was 22 cases in 1898 and 26 in 1899.

The cases were nearly equally distributed throughout the year, and, as far as has been observed, does not bear any direct relation to the hot or dry season or to the rainy months. The chief source of infection has been from the use of impure river water, and, in a few cases, was apparently due to air borne infection from soil contamination due to the habits of the natives and to the extensive manuring of the fields with human excreta.

Dysentery.—Against 774 admissions recorded in 1898, there were but 606 in 1899. These cases occurred in a sporadic form.

This intestinal complaint prevails generally after the heavy rains, when all the water courses have been polluted by the surface waters which, in many places, run directly towards the rivers, on the banks of which many Indian camps and villages are situated.

Malarial Fever.—The number of admissions for the intermittent and remittent types decreased from 5,510 in 1898 to 3,969 in 1899. The disease prevailed mostly during the month of May, necessitating 725 admissions.

The comparison with the three previous years exhibits a marked decline.

March and April 1899 had been rainy months, and the oft

verified theory put forward by the late Dr. Meldrum, L.L.D. F.R.S., that the highest mortality for this complaint takes place two months after the highest rainfall, was again exemplified.

As a matter of fact, irregular seasons and abnormal rainfall both act, in this Colony, on the physical condition of the population,—especially the labouring class—who are thus unable to withstand the effects of exposure to and vicissitudes of climate.

It must also be stated that the heavy rainfall of March 1899 had been preceded by drought.

In October 1898 the rainfall had been 66 o/o below the average, in January 1899 it remained 69 o/o below average, but rapidly increased to 47 o/o above the average in March 1899. The amount in inches during that month was 12.13.

Tracts of low-lying land became flooded and rendered partly marshy, thus offering suitable breeding grounds and habitat for mosquitoes.

Anæmia and General Debility.—These two affections, which occupy a rather prominent position in the Returns, may be conveniently bracketed together, because most of those that have come under treatment present a history of malaria and poverty, which are all important factors in producing blood deterioration.

There were 384 admissions for anæmia in 1898 and 322 in 1899. General debility figured as 547 for 1898 and 504 for 1899.

Respiratory System.—Affections of that class were largely on the decrease, having fallen from 2,399 admissions in 1898 to 1,902 in 1899. In the former year the largest number of admissions was in July (259) whereas in 1899, it was in May (235). Tuberculosis is gradually increasing. The chief sufferers are the native population of the working class. Their susceptibility to the disease is chiefly due to their insanitary surroundings and to the absence of any precautionary measures when exposed, in domestic life, to contamination, while their natural apathy unfitting them for the struggle for life, leaves them content with an unsuitable and miserable dietary.

The mean humidity which in 1899 was 81.9 in February and 81.3 in March, gradually decreased to 77.8 in April and to 77.3 in May. The mean temperature also exhibited similar fluctuations, having been 79° 6 in January, 78° 3 in February, 78° 4 in March, 77° 2 in April and 73° in May.

Diseases due to these conditions have been, as usual, of tubercular and partly of an inflammatory pulmonary type.

Diseases of the Digestive System also exhibited a marked decline. The number of admissions fell from 1,588 in 1898 to 1,001 in 1899. The largest number admitted was during the months of January and May.

The increased number of admissions in January was to a great extent caused by the high range of temperature which obtained in that month, but the same reason does not hold good for the admissions of May which, apparently, was caused by the impure condition of the drinking water.

III.—Relative mortality in the different seasons.

The following table shows the quarterly mortality of the year which obtained in the Public Hospitals :—

1st. Quarter.	2nd. Quarter.	3rd. Quarter.	4th. Quarter.
219	361	263	221

The second quarter of the year is responsible for the highest rate of mortality, while the first and last quarters show a lesser rate.

The high rate of mortality in the second quarter is to be ascribed to dysentery, malarial fever, debility and diseases of the Respiratory and Digestive Systems.

This quarter in reality is saddled with the mortality resulting from the chronic complaints due to fever and intestinal diseases, consequent upon the influences of the warm season, while in it are likewise registered many deaths due to the acute diseases of the Respiratory System, brought on by the advent of the change of weather ushering in the cold season.

IV.—Meteorological conditions of the seasons and their probable effect with regard to sickness.

The warm and rainy months of the year, extending generally through the first three or four months of the year, have a direct influence in the causation of malarial fevers in this Colony.

Cyclonomic disturbances likewise affect the public health, owing to effluvia arising from decaying vegetable matter strewn over the ground after these occurrences.

Contamination of the water supply also takes place through refuse and dirt of all kinds, which are then washed into the Rivers and Canals. These water courses not only run through cultivated lands richly manured but also thickly populated villages.

As has been previously remarked, the high range of temperature which obtained from January to April, the heavy rainfall of March, coupled with the cyclonomic disturbances which took place on the 3rd. and 9th. of the same month, alike contributed towards bringing about a recrudescence of fever in May. The variation of temperature and humidity of the atmosphere are also responsible for some of the bowel complaints, principally dysentery, which prevailed in April.

V.—Recurrence of particular diseases during the year.

With the exception of malarial fevers, there has been no particular incidence of other diseases during the year.

The plague followed in Mauritius the course which it seems to have adopted in India. There is the initial period, during

which the disease slowly but surely established itself, followed by an acute exacerbation lasting for a few weeks and afterwards a somewhat rapid decline. It does not seem to have been affected by weather or temperature, and its stay in any place has depended upon the extent of the inhabited locality and the presence, in greater or smaller numbers, of rats for its dissemination.

VI.—General sanitary condition of the Colony.

Had it not been for the advent of plague, the sanitary condition of the Colony during 1899 might have been described as fairly good. The usual endemic diseases followed their ordinary course and nowhere presented marked exacerbations.

Were it not for the poverty prevailing among the lower classes, congregating in certain quarters of Port Louis and in large villages, the sanitary conditions of these places would not, by themselves, cause half the recorded mortality.

The drainage of our principal Towns remains exceedingly defective. In Port Louis, a great improvement has been effected in the Eastern Suburb by the completion of the canalization of a filth carrying open sewer, called the *Ruisseau La Paix*.

Sanitary measures, having in view improved surface drainage, have also been carried out in different sections of the Town of Port Louis concurrently with other measures of sanitation, undertaken to check the spread of plague, but a great deal yet remains to be done in that direction.

In the Western Suburb, the underground Drainage Works have been continued and several large Establishments, such as the new Civil Hospital, Central Railway Station, and some private premises have already been connected with the underground pipes, which carry the sewage out to sea.

The drainage of the other chief townships (Curepipe, Beau Bassin, Rose Hill and Quatre Bornes) and other populous places is still very far from satisfactory, in spite of the yearly sums expended for that object. The solution of this sanitary question, which has long engaged the attention of the Sanitary Department, is becoming more and more pressing.

The water supply of all chief towns and populous localities, with the exception of those provided for by the Mare-aux-Vacoas, cannot be described as satisfactory. Indeed in certain places, it is harmful as being one of the chief factors in the propagation of all water borne diseases.

In the dry season, it is frequently deficient in many localities, while in the rainy season dilute sewage is supplied to some, among which may be included the principal Town: Port Louis.

River waters of the description available in this Colony are specifically polluted. Even the palliative,—in the shape of sewage pollution being got rid of by the length of flow, by oxidation and other combined agencies,—is but feebly present, inasmuch as points of contamination may be said to exist all along their course.

Two filters of the Maignien type have lately been provided for by the Municipal Corporation of Port Louis. They are erected in Public Squares, but the water yielded is, in the first place, of far too limited quantity to serve the needs of a population of 54,000 souls, while, in the second place, the filtered water is but sparingly made use of by the population in whose immediate vicinity the filters exist.

This is not to be wondered at, having in view the mode of life of orientals and of a population which has still to be educated in sanitary matters. Even the public mind in this Colony has yet to grasp the fact that disease is largely preventable, for the action of the Sanitary Department to control and remove conditions which bear a direct relation to the causation of certain particular diseases meets with stubborn opposition and is generally viewed with distrust and dissatisfaction.

It is however a matter for congratulation that Government has extended the Mare-aux-Vacoas mains to Port-Louis, but unfortunately the supply is only available to a limited extent. There can be no doubt that if this water could be placed at the disposal of the whole urban population for domestic purposes, a large proportion of the morbid influences conveyed through the instrumentality of water would be removed, with a resultant beneficial action on the health of the Chief Town.

The remarks contained in the previous Report concerning overcrowding apply equally well here. Some slight improvement, however, has been carried out in Port Louis in connection with the cleansing of lodging houses and insanitary buildings, —a work entrusted to a special officer.

VII.—Vaccinations.

There were 10,374 subjects successfully vaccinated during the course of the year by Public Vaccinators, giving a vaccination percentage of 69.42 of the yearly births.

No data are forthcoming of the number of vaccinations performed by Private Medical Practitioners, but as vaccination is compulsory in this Colony, it is estimated that a very small proportion indeed of infants remain unvaccinated.

The inhabitants may be said to be tolerably well protected by vaccination, but it is a matter for consideration whether recourse should not be had to legislation to ensure re-vaccination at stated periods. This matter has already engaged the attention of the Government and Legislature.

Vaccination in this Colony has been performed for a number of years with animal vaccine lymph obtained from Paris. This lymph had given uniformly good results for several years past, but during the latter part of 1899 it failed to such an extent, on repeated occasions, that the Public Vaccinators have been compelled to have recourse to arm to arm vaccination. If the steps already taken to obtain a better quality of lymph are not successful, new arrangements will have to be made to ensure an efficient supply from another source.

VIII.—Public Hospitals and Dispensaries.

The number of Institutions at work during the year remained the same as in the previous one, with the exception of six plague lazarets which were opened to meet contingencies arising out of the plague outbreak.

One important change in the housing of the patients in Port Louis occurred at the beginning of the year. The Civil Hospital which, as previously reported, was located in the unhealthiest part of one of the most unhealthy areas of the Town, had to be removed in consequence of a large number of plague infected rats having died on the premises. The removal of the patients became imperative, so as to place them beyond the reach of infection, otherwise an intense plague focus in one of the busiest part of the City would thereby have been created.

No other convenient building being available, Sir Graham Bower proposed and His Excellency the Governor was pleased to approve of the Royal College buildings being made use of. The patients were transferred thereto in April 1899, and it is satisfactory to note that not one of them contracted plague, nor has a simple case of the disease manifested itself in any of the wards.

This transfer was a most advantageous one in every respect, and the experience since gained confirms the opinion that the Royal College buildings are quite suitable for hospital purposes.

I beg to transcribe below, extract from a Report addressed to Government on the subject in July 1899 :—

“ Dr. Antelme’s report forwarded.

“ I beg to add thereto that the Royal College Buildings
“ having been specially designed to serve as class rooms, they
“ provide the necessary cubic space and ample means of ventilation to specially adapt them for the treatment of patients.

“ The inherent dangers of hospital life which are aggravated
“ by improper arrangement of buildings, are altogether absent
“ here, inasmuch as the distribution of the different wings is
“ such that the great desideratum in hospital administration can
“ also be easily secured, viz : hospital hygiene.

“ Patients can now be grouped and classified according to
“ their diseases, and the operation room is absolutely isolated
“ and so situated that atmospheric communication between it
“ and the wards is entirely precluded.

“ With reference to the second paragraph of your minute,
“ I beg to state that a hospital, if constructed at Beau Bassin
“ or Rose Hill, cannot be made to answer the purposes of a
“ similar institution for Port Louis (even were a small infirmary
“ and dispensary combined constructed in Town) because the
“ extent of hospital accommodation which it is necessary to
“ provide for any given locality, must depend upon the population and other conditions peculiar to the particular locality
“ it has to serve.

“ The main object of providing public hospitals being to
 “ afford medical and surgical aid to the sick poor, it is evident
 “ that such an institution, to be of practical utility, should be
 “ placed within a reasonable distance of the population for
 “ whose benefit they are established.

“ At Beau Bassin, there are already three large establish-
 “ ments : the Barkly Asylum (comprising a large public hospi-
 “ tal, an infirmary, an orphanage and a lunatic branch ward) ;
 “ the Lunatic Asylum and the New Central Prisons with hos-
 “ pital attached.

“ Both villages are besides densely populated. It is self-
 “ evident that Beau Bassin must be left out of consideration.

“ Rose Hill is certainly far healthier than Port Louis, but
 “ having in view the existence of a large hospital within a mile
 “ thereof, it seems to me that no real advantage would accrue,
 “ to Port Louis at least, were the Central Hospital of the Colony
 “ to be built there.”

— Exactly the opposite of what is stated above obtained at
 the former hospital. Whatever may be the decision arrived at
 hereafter concerning the location of this important Establish-
 ment, it is sincerely to be hoped that, under no consideration,
 will the old site be again made use of.

The Powder Mills Hospital was converted into a segrega-
 tion camp for plague contacts on the 15th. February 1899, and
 a special Dispensary opened to serve as a receiving room for
 patients of Pamplemousses District.

The inmates of the Hospital, the bulk of whom was com-
 posed of chronic cases, were drafted to several district hospitals
 and infirmaries, the acute cases being sent to the Port Louis
 Civil Hospital (new premises) for treatment.

The old Prison building at Souillac has been fitted up as
 an annexure to the Public Hospital situated in that locality.
 This new accommodation has been utilized as a chronic ward.

Pamplemousses District remains up to date without a hos-
 pital, but a convenient site for building a small hospital of
 about 20 beds has already been selected at *Montagne Longue*, a
 salubrious locality and where ferruginous springs exist.

The Powder Mills Hospital has been condemned years ago
 as being unsuitable for the reception of patients, on account of
 its unhealthy site.

The work done at the Lunatic Asylum, the Public and Pri-
 son Hospitals and Public Dispensaries compares favorably with
 that of the previous year. In addition to the 16,187 in-door
 patients admitted into hospitals (as shewn in the Returns) there
 were 50,348 out-door patients who received medical care and
 advice at the Public Dispensaries.

The total number of in-door and out-door patients attended
 to during the year was therefore 66,535.

A very severe strain was brought to bear upon this Depart-

ment during the course of the year, caused by the plague outbreak. The energy of every Medical Officer and member of the Head Quarter staff was taxed to the very utmost limit, but it is my pleasing duty to record that every individual member responded most cheerfully to the calls made upon them.

They were most indefatigable in their exertions to cope with and stamp out the disease, and in so doing, they not only sacrificed their personal conveniences but some actually exposed their lives.

For nearly three months the principal members of the Head Quarter staff may be said to have been in the thick of the action, night and day, without a single day of rest either on Sundays or Public Holidays.

Where all have been so zealous in the performance of the different duties allotted to each, it would be perhaps invidious to particularize, but I cannot refrain from singling out Drs. Lorans, Bolton, Barbeau and Momplé as those who had to bear the brunt of most of the heaviest work to be performed.

Nor can I omit to mention among those who have afforded me special and unstinted assistance, the name of Mr. A. J. Dupré, the Chief Clerk of the Department and Secretary to the General Board of Health. He also has not been sparing of his time and energy during the trying time through which we had to pass. He had, on several occasions, to act as Executive Officer in the carrying out of plague measures, and in supervising the working arrangements of Segregation Camps,—duties which, very often, kept him engaged until late at night.

His assistance proved invaluable in the preparation of the different plague orders and in the general supervision of their working details.

To His Excellency the Governor and to Sir Graham Bower may be ascribed the result hitherto obtained in keeping down the disease within certain bounds, and, I trust, of finally eradicating it from our midst.

His Excellency not only allowed us a free hand in incurring the necessary expenditure for the organization of the necessary measures, but was also pleased to support the Sanitary Authorities in the enforcement of the Rules and Regulations promulgated to cope with the disease, at a time when our action met with strenuous opposition on the part of the public.

Sir Graham Bower, as Chairman of the Plague Committee not only initiated certain measures, but was good enough to personally supervise and, in every possible way, further their execution.

To other Heads of Department,—especially the Surveyor General and Storekeeper General—my thanks are due : to the former for his co-operation in setting up and to the latter for provisioning of the Lazarets and Segregation Camps.

The devotion with which the Sisters of Mercy attended upon the sick in the Lazarets is beyond all praise ; while to Dr. Sinnatambou, a young Private Medical Practitioner

who has, on numerous occasions been to the front whenever extra Medical Assistance has been required, my thanks are specially due for the intelligent and painstaking manner in which he discharged his professional duties as Plague Officer and subsequently as Medical Officer in charge of the two Town Lazarets.

IX.—Hospital Statistics & Mortality.

The largest number of patients received in any of the Public Hospitals was at the Port Louis Civil Hospital, where the daily average numbered 200, with an average stay of 13 days.

Next came the Barkly Asylum Hospital, where 2,743 admissions took place.

Moka hospital had the least number, i.e., 537.

The hospital mortality compared favorably with the previous year. The highest rate obtained at the Souillac Hospital, viz : 10.05 o/o on number admitted, while Poudre d'Or Hospital recorded the lowest rate of mortality (5.22 o/o).

The death-rate at the New Central Prisons of Beau Bassin (3.35 o/o) shows a decided improvement on the previous two years.

Although the number of admissions into the Port Louis Jail Infirmary remained about the same, (1,150 in 1898 and 1,119 in 1899), yet the hospital death-rate per thousand (9.83) was considerably under that of the past five years.

X.—Medical.

Below is an extract from the Report of the Medical Superintendent of the Port Louis Civil Hospital :

Extract from Dr. Antelme's Report dated 24.2.1900.

* * * * *

“ VIII.—The principal types of malarial fever are the quotidian and tertian, and the attacks are not generally severe. Death occurs—only as a rule—amongst the poor people who, for a long time, have been labouring under malarial fever, whose spleen and liver are enlarged and who are emaciated by anæmia and poverty. Complications easily happen amongst them. But notwithstanding the great number of those suffering from what I call chronic malaria, the pernicious attacks are rare, specially the form called “ Black Water Fever.” I cannot say why amongst the Indians such pernicious attacks are, one can say, unknown, and rare amongst the Creoles of the lower classes. In fact, even in the other classes of the population pernicious attacks are not so common as they were formerly. Perhaps, the population is, so to speak, vaccinated by the previous and severe attacks.

“ A severe form of fever is the choleriform, with which we meet now and then. It is the most common pernicious form.

“ The malarial attacks are especially common at the end of the summer months from March to the beginning of June, some weeks after the heavy rains ; but at any time, there are cases of malaria.

“ Remittent fever, characterized by fever, jaundice, congestion of the liver is not so common as it was formerly and it rather occurs amongst those who have had several attacks of fever and whose spleen and liver are enlarged.

“ Patients labouring under malarial cachexia (they are in great numbers) ought to be sent to a sanatorium in the temperate regions of the Island. Only there, can they be cured quickly, whilst in the hospital they are only an obstruction and cause expenditure to Government without deriving any profit for themselves.

“ Hepatitis is a common complication of malarial fever, more frequently characterized by enlargement of the liver; the abscesses generally occur in the course of dysentery especially when this disease has been neglected.

“ IX.—Dysentery is one of the most frequent diseases of the lower classes, especially during the hot season. During summer people drink much and are subject to many troubles of the digestive system; and when these troubles are neglected, enteritis and dysentery happen. If the rate of mortality by that affection is rather high, it is due very often to the carelessness of the patients who are not treated in time, who abandon themselves to quacks and who only claim medical assistance when the disorders are incurable.

“ X.—I will again, this year, call attention to the great number of patients suffering from phthisis pulmonalis. As I have noted, this disease is due to anæmia, to physiological misery so frequent in the lower classes, to the inobservance of the elementary rules of hygiene (bad food, unhealthy buildings, promiscuity of the tenants) and also the consequence of the various epidemics of influenza which have prevailed for the last ten years with more or less intensity.

“ Surely phthisis pulmonalis makes more ravages in the lower classes of population than the malarial fever and the other diseases.

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“ XII.—*Syphilis* is very common and we often attend patients suffering from tertiary syphilis, characterized by terrible lesions. People of the lower classes cannot bear in mind that when the primary accidents have disappeared, they have still to submit themselves to a preventive treatment. They do not believe to infection of the blood and they fancy they are cured when the external lesions have disappeared. A preventive treatment is above the capacity of their mind. Then they marry and poison their wives and their progeny. I am sure that constitutional syphilis is a frequent cause of death amongst the children—especially in the Indian population.”

XI.—MISCELLANEOUS.

Civil Medical Stores. These stores which were located on the ground floor of the building used as the Police Hospital was transferred, along with the Civil Hospital, to the Royal College premises in April 1899, as it had become exposed to plague infection.

This transfer proved no less advantageous than that of the Hospital.

The former stores were unsuitable, being hemmed in between two docks and so situated as to expose the valuable instruments and hospital necessities kept in stock to rapid deterioration.

The stores are now located in the College Laboratory building, and the improved accommodation permits of the drugs, dressings and other necessities being properly stored and classified.

Although the staff which consists only of a Store Clerk, Assistant and a packer, is undermanned, yet no serious delay has taken place in the issues to Hospitals, Public Dispensaries and other Institutions.

The need for extra assistance has since been recognized and sanctioned by Government.

QUARANTINE.

The new Quarantine Ordinance which came into operation in 1898 has worked very smoothly during the past year. Its enforcement did not lead to any hardship upon the vessels or passengers.

It is satisfactory to note that although this Port is in constant communication with plague centres in India, not a single case of the disease manifested itself at any time on board any of the vessels arriving here direct from Calcutta or Bombay.

This is doubtless due to the admirable measures of precautions enforced at these Ports.

During the course of the year, only 19 vessels arriving here from infected ports, within the quarantine limits (15 days) were detained to complete that period and undergo cleansing and disinfection.

Forty-four other vessels were subjected on arrival to disinfection before admission to pratique.

REPORTS FROM DISTRICT MEDICAL OFFICERS.

The following Reports have been received from : 1o. The Police and Prison Surgeon ; 2o. The Medical Superintendent of the Lunatic Asylum and 3o. The Government Medical Officer of Moka.

E. CHASTELLIER,
M.D. Edin.,
Director,
Medical & Health Department.

10.

ANNUAL MEDICAL REPORT
ON THE
CENTRAL PRISON OF PORT LOUIS
FOR THE YEAR 1899.

Observations on the sanitary condition of the Prison of Port Louis and on the prevalence of sickness in the different seasons of the year.

The sanitary state of the Central Prison of Port Louis during the year 1899 has not been satisfactory. For reasons presently to be explained, the proportion of sick in hospital to the daily average number of prisoners was considerably higher than that recorded in preceding years as can be seen from the following table :—

TABLE I.

Years.				Ratio of sick per mille of average strength.
1896	...	...	...	54
1897	...	...	...	60.1
1898	...	...	...	78.1
1899	...	...	...	124.3

The following is a general comparative statement of sickness and mortality for the last two years :—

TABLE II.

Daily average strength.		Total No. of admissions into hospital.		Daily average No. of admissions into hospital.		Ratio per mille of daily admissions to strength.		No. of deaths.		Death-rate per mille.	
1898	1899	1898	1899	1898	1899	1898	1899	1898	1899	1898	1899
353.1	233.1	1150	1119	3.12	3.06	8.8	13.1	17	11	51	47.1

This table shows that if the rate of sickness was in 1899 higher than in the preceding year, the mortality was lower. This

increase in the sickness was not due to any cause connected with the Prison but is attributable to the fact that a much larger proportion than usual of men committed to Prison were admitted with complaints necessitating immediate hospital treatment. Of the 1,119 hospital cases no fewer than 450 or more than one-third, referred to diseases imported from outside.

The following figures will more clearly than words explain the exact state of matters :—

TABLE III.

1. Total No. of admissions into Prison ...	7,307	1. Total No. of prisoners sent to hospital on admission into Prison.	450
2. Daily average No. of admissions into Prison ...	20.3	2. Daily average No. of prisoners sent to hospital on admission into Prison ...	1.2
3. Average daily population (including admissions) ...	233.1	3. Average daily No. of admissions into hospital (including No.2.)	3.06

Average daily population.		Daily average No. of admissions into Hospital.	Percentage of admissions into Hospital.
1. Prisoners already undergoing sentence ...	212.8	1.86	.8 p.c.
2. Admissions ...	20.3	1.2	5.9 p.c.
Total ...	233.1	3.06	1.31

The above statement conclusively shows that there was a far greater proportion of sick among the new admissions than among prisoners already undergoing sentence and that consequently the Establishment is not in any way to blame for the increase of sickness recorded last year.—The admissions from every part of the Island had as usual to be registered and medically examined in the town Prison and, as one of the measures enforced by the epidemic of Plague, they had all to be kept 8 days under observation before being eligible for transfer to Beau Bassin.

The majority of the 450 newly admitted prisoners, who had to be sent to hospital on entering Prison, consisted of men condemned for desertion, vagrancy or habitual idleness and who were utterly unfit for work at the time of their arrest. Sending such individuals to Prison means sending them to hospital where they spend the greater part, if not the whole, of their sentence.

I have in previous reports suggested that, if possible, the Labour Law be amended and that men arrested for the minor offences mentioned above be examined by the Government Medical Officers of their respective districts before being tried. Any found ill or unfit for work should be sent back for treatment to their employers or Sugar-estate hospitals, instead of being, as at present, treated in Prison at Government expense.

Although Plague was prevailing in town and the men who were being daily admitted were just the sort of people that would be likely to propagate the disease, I am happy to say that this Prison was practically free from the scourge. Only two cases occurred: the first was of a strongly suspicious nature but the second was typical. Both patients had been in Prison only 2 or 3 days when the Plague symptoms set in. One came from the district of Plaines Wilhems and the other from "L'Espérance" Estate. They were immediately removed to one of the Plague hospitals and I understand that both recovered. There was no unusual mortality among rats on the Prison premises. Four or five dead mice were found in the course of a week in the hospital cells which were at the time being daily sprinkled with Carbolic acid but the bacteriological examination of one of the carcasses by Dr. Barbeau showed that they did not die of Plague. The measures adopted to prevent the introduction of the disease into the Establishment consisted in keeping newly admitted prisoners separate from the rest for eight days, in thoroughly disinfecting their clothes, chiefly by means of boiling water, and in keeping the place as dry as possible.

The next table gives the prevalence of sickness and the relative mortality in the different seasons of the year.

TABLE IV.

Quarter.			Daily average strength.	No. of admissions into hospital.	Daily average No. of admissions into hospital.	Ratio per mille of admissions to hospital.	No. of deaths.	Ratio per mille of deaths to strength.
1st. ...	...	...	250	261	2.9	11.6	2	8
2nd....	...	...	258	369	4.5	17.4	1	3.8
3rd....	...	...	206	253	2.7	10.6	2	9.7
4th....	...	...	217	236	2.5	10.5	6	27.6

According to this table, the worst quarter of the year, so far as sickness is concerned, was the second. Mortality was highest in the fourth. The prevailing affections were as usual Malarial Fever and diseases of the Respiratory and Digestive Systems. Next came Dysentery, Anæmia, Debility and Influenza.

The following table gives the comparative prevalence of these respective diseases in the 4 quarters of the year, as contrasted with 1898.

TABLE V.

Quarter.	Total No. of patients.		Malaria.		Respira- tory diseases.		Diseases of the Digestive System.		Dy- sentery.		In- fluenza.		Anæmia.		Debility.	
	1898	1899	1898	1899	1898	1899	1898	1899	1898	1899	1898	1899	1898	1899	1898	1899
1st. ...	318	261	191	102	19	37	40	41	29	17	5	0	4	8	3	1
2nd. ...	364	369	194	147	33	53	36	30	26	22	24	34	6	18	6	14
3rd. ...	255	253	104	39	54	60	28	34	18	10	3	1	12	22	4	15
4th. ...	213	236	61	57	42	36	28	31	16	12	0	0	4	15	8	14
	1150	1119	550	345	148	186	132	136	89	61	32	35	26	63	21	44

Malaria and Dysentery prevailed in the first two quarters, Influenza in the second, and Respiratory diseases in the second and third. As in 1898, Gastro-intestinal complaints were of comparatively uniform occurrence throughout the year. The above table shows a considerable diminution in the number of cases of Malarial Fever and Dysentery as compared with the preceding year. There was, on the other hand, an increased prevalence of Respiratory diseases, Anæmia and Debility. The two last mentioned affections were exclusively complaints of newly admitted prisoners.

Remarks on particular diseases that have occurred during the year. Their general character as to mildness or severity.

1. *Malaria*.—The following is a classification of the malarial cases that have occurred during the year according to their clinical types :—

TABLE VI.

Types.				Cases.	Deaths.
A. Intermittent.					
a. Single attacks	...	...	...	121	...
b. Quotidian	...	...	...	181	...
c. Tertian	...	...	...	14	...
d. Quartan	...	...	...	11	...
e. Irregular	...	...	...	6	...
B. Remittent	...	...	...	10	...
C. Pernicious	...	...	...	2	1
Total				345	1

No fewer than 121 cases consisted of single attacks without recurrence.

In the great majority of the cases of quotidian fever the daily attacks were mild and not more than two in number. Very few had three attacks and still fewer four.

Some of the tertian and quartan cases had a malignant character but all recovered.

In 6 cases the clinical aspect of the disease was atypical, the thermometric curve showing irregular intermittence.

Of the two pernicious cases, both of which were characterised by hyperpyrexia and severe cerebral symptoms, one recovered. I attribute this successful result to the constant application of cold in the shape of cold baths, ice to the head and wet packing, coupled with hypodermic injections of Bichlorhydrate of Quinine. The malignant cases of Remittent fever were similarly treated with very good results. The only fatal case was that of a notoriously alcoholic individual, who was undergoing at least his fiftieth sentence, for drunkenness, and who fell ill two days after his admission into Prison. In a few hours the fever assumed the pernicious character. Cold applications were followed by marked subsidence of the fever and of the cerebral symptoms but a relapse soon took place in which every treatment proved of no avail.

Having read in the *British Medical Journal* of the 15th. of July last a paper by Major O. Fitzgerald, I.M.S., on the treatment of Malarial Fever by the inunction of Creosote (in the proportion of 30m for 3i of olive oil, for an adult) over the chest, abdomen and arm-pits, I gave this new method a fair trial and I am in a position to state that the treatment recommended really gives satisfactory results. Many cases were treated with Creosote only without one single grain of Quinine being administered and yet there was no unusual recurrence of the fever. Some of the cases of continued fever were also treated in the same manner. With but very few exceptions, the inunction of Creosote was invariably attended by profuse perspiration followed by a fall of temperature sometimes to nearly normal in from 2 to 4 hours and there can be no doubt that it cuts short the febrile stage. In some instances, however, the treatment failed and had to be supplemented by the internal administration of Quinine. Failures were also recorded in cases which were subsequently found to be non-malarial (Pneumonia, &c.) In not a single case was the application of Creosote followed by collapse or any other evil effect. The treatment certainly deserves consideration. I intend continuing to experiment it on a large scale and hope to be able in the course of the present year to furnish statistical returns on the results obtained.

2. *Dysentery*.—There were in 1899 only 61 cases of Dysentery as compared with 89 in the preceeding year. They may be classified as follows :—

TABLE VII.

Dysentery.	Cases.	Deaths.
1. Acute	55	1
2. Chronic	6	3
	61	4

The death-rate from Acute Dysentery was low,—viz: 1.8 per cent.

The only fatal case was that of a prisoner who had been transferred from the Prison of Beau Bassin to town almost in a dying condition and who died 4 days after the transfer.

The treatment by Sulphate of Magnesium or Sodium proved very successful and has entirely superseded in my hospital practice the classical treatment by Ipecacuanha. Rapid recovery took place in every case that was seen from the very commencement of the disease. The saline treatment however completely failed in chronic cases. Half of these ended fatally.

This result is not to be wondered at when it is remembered that these patients were all men who had been suffering from the disease for a long time outside the Prison and who were admitted in a state of emaciation and debility, when all the resources of nature had abandoned them.

Under such circumstances, chronic dysentery usually proves intractable.

3. *Respiratory Diseases.*—Comparative statement for the last two years.

TABLE VIII.

Return of Respiratory diseases.				Cases.		Deaths.	
				1898.	1899.	1898.	1899.
Acute Laryngitis	...	...	...	2	1	...	...
Bronchitis.							
1. Acute	...	...	...	95	115	...	...
2. Chronic	...	...	...		14	...	...
Pneumonia	...	...	...	15	11	4	2
Gangrene of the Lung	...	...	...	...	1	...	1
Pleurisy	...	...	...	...	1	...	1
Asthma	...	...	...	30	35	...	...
Phthisis	...	...	...	6	8	1	1
				148	186	5	5

The above table shows that there were far more cases of Bronchitis in 1899 than in 1898, all however of a mild character. The disease prevailed in the months of May, June, July, August and September (i.e., in the winter season).

There was one death from Gangrene of the lung, the sequel

of Pneumonia and one from acute Pleurisy complicated by Albuminuria and Debility.

One of the cases of Phthisis proved fatal from Cerebral Apoplexy. The patient had already been 5 months in hospital when he was suddenly seized one night with symptoms of Cerebral Hæmorrhage and died 5 hours after.

As I have already pointed out in last year's report a prolonged stay in the Prison hospital of Port Louis, with its existing defects, is likely to be injurious to Chronic Respiratory affections (Asthma, Phthisis, &c.). I have recommended that as far as possible such cases be treated at Beau Bassin.

4. Diseases of the *Digestive System*.

TABLE IX.

Return of diseases of the Digestive system.				Cases.		Deaths.	
				1898	1899	1898	1899
Stomatitis	...	...	...	10	70	...	...
Tonsillitis	...	...	...	5	5	...	...
Gumbril	...	...	...	...	1	...	...
Gastralgia	...	...	...	...	1	...	...
Gastritis	...	...	...	...	2	...	...
Dyspepsia	...	...	...	6	1	...	...
Diarrhœa	...	...	...	93	47	...	...
Enteralgia	...	...	...	3	4	...	...
Rectitis	...	...	...	...	1	...	...
Piles	...	...	...	4	4	...	...
Other diseases	...	...	...	11	...	...	...
Total				132	136	0	0

There was in 1899 a far larger number of cases of Stomatitis than usual requiring treatment in hospital, viz : 70 as compared with 10 in 1898. In addition to these hospital cases, 142 prisoners were treated as out-door patients for the same complaint. This disease which is the only one that prevails among long-sentenced prisoners is in my opinion chiefly caused by the prolonged use of salt-fish which is not always of the best quality. All the cases were of the mildest description, the out-door ones being rapidly cured by the substitution, for one or two weeks, of watercresses to salt-fish in the ordinary prison diet. I shall call the attention of Government to the absolute necessity of supplying this Establishment with salt-fish of the best pos-

sible quality. Whenever such be not procurable in the local market, it should be replaced by tripe or watercresses and onions and on no account whatever should salt-fish of inferior quality be issued to prisoners. Diarrhœa cases were much fewer than usual. They all readily yielded to change of diet and treatment.

5. *Influenza* prevailed only in May and June. The cases were all mild and uncomplicated ones that ended in rapid recovery.

6. The only disease of the *Urinary System* that came under my notice in 1899 was Bright's disease of which there were 8 cases. They were all relieved by tonic treatment coupled with a purely milk diet.

7. Return of *diseases of the Lymphatic System*.

Chronic splenitis	...	...	...	...	31
Adenitis (acute)	...	...	...	...	3
Bubo	...	...	...	...	3
Acute Lymphangitis	...	...	...	...	3
Total	...	...	...	...	40

8. Return of *Skin diseases*.

Scabies	...	...	...	...	20
Eczema	...	...	...	...	6
Psoriasis	...	...	...	...	1
Furuncles	...	...	...	...	4
Anthrax	...	...	...	...	2
Ulcers	...	...	...	...	37
Total	...	...	...	...	70

In addition to these 20 severe cases of Scabies treated in hospital, no fewer than 177 prisoners were treated as out-door patients for itch. The cutaneous affection is invariably imported from outside and is very seldom indeed to be found among the inmates of this prison. Men suffering from this disease are kept entirely separate from the rest.

9. *Parasitic Diseases*.—Four cases of Endemic Hœmaturia had to be admitted into hospital. In all of them the ova of *Bilharzia Hœmatobia* were easily discovered under the microscope in the blood that was passed, in small quantity, at the end of micturition. In no case was the patient suffering from any constitutional disturbances.

10. *Insanity*.—Only one prisoner was sent to the Lunatic Asylum in 1899. The case was that of an unconvicted prisoner who was admitted into Prison with Hemiplegia, the result of Cerebral Apoplexy, and marked symptoms of Dementia.

11. *Accidents*.—There was the same number of accidents as in 1898, viz: 11. The injuries sustained were all slight.

12. *Surgical operations*.—All the operations but two were minor ones such as incision of abscesses, tapping for hydrocele,

circumcision, &c. One of the operations under chloroform was for extensive caries involving nearly the whole of the left clavicle and part of the sternum. Almost complete excision of the clavicle had to be resorted to. The patient made a good recovery. The other capital operation was removal of a large fibro-sarcoma of the left thigh. The tumour was removed without considerable hæmorrhage but most unfortunately the patient died of shock two hours after the operation. The malignant nature of the tumour was revealed by microscopical examination.

13. *Death returns and observations thereon.*—There were 11 deaths during the year out of a total of 1,119 patients. This gives the lowest hospital death-rate for the last six years as can be seen from the following table :—

TABLE X.

Year.		Hospital death-rate.	
1894	...	10.2 per thousand patients.	
1895	...	29	„ „
1896	...	27	„ „
1897	...	12.1	„ „
1898	...	14.8	„ „
1899	...	9.8	„ „

The following table gives the relative mortality of the 4 quarters as compared with 1898 ;—

TABLE XI.

Quarter.	Average daily strength.		Number of patients.		Number of deaths.		Death-rate ratio per mille and average strength.		Hospital death-rate (per 1,000 patients).	
	1898	1899	1898	1899	1898	1899	1898	1899	1898	1899
1st. ...	336.27	250	318	261	6	2	17.8	8	18.8	7.6
2nd. ...	416.18	258	364	369	9	1	21.6	3.8	24.7	2.7
3rd. ...	373.38	206	255	253	1	2	2.6	9.7	3.9	7.8
4th. ...	289.90	217	213	236	1	6	3.4	27.6	4.2	25.4
	353.1	233.1	1150	1119	17	11	51	47.1	14.8	9.8

Statement showing the mortality from the prevailing diseases as compared with 1898.

TABLE XII.

Prevailing diseases.	Cases.		Deaths.		Death-rate.	
	1898	1899	1898	1899	1898	1899
Malaria	550	345	3	1	.54 p.c.	.24 p.c.
Diseases of Respiratory system	149	186	5	5	3.3 „	2.6 „
Diseases of Digestive system	132	136	...	...	.....	.....
Dysentery	89	61	3	4	3.3 p.c.	6.5 p.c.
Influenza	32	35	...	...	.....	.....

Tabular statement of causes of death, showing the number of fatal cases among newly-admitted prisoners.

TABLE XIII.

Causes of death.	No.	Deaths among prisoners sent to hospital on entering prison.
1. Malaria ... ..	...	...
Pernicious Fever	1	...
2. Pneumonia	2	1
3. Gangrene of lung	1	...
4. Pleurisy	1	...
5. Phthisis [Death from apoplexy]	1	1
6. Dysentery		
a. Acute	1	...
b. Chronic	3	3
7. Fibro-Sarcoma [Death from shock after operation.] ...	1	...
Total	11	5

According to Table I the death-rate of the Prison of Port Louis (male population) was lower than that of the preceding year.

Viz : 47.1 per mille of average strength as compared with
51. ,, ,, ,, in 1898.

The death-rate for the whole population of the prison including female prisoners is still lower for there was no death among female prisoners.

TABLE XIV.

Average daily No. of prisoners.				No. of deaths.	Death-rate.			
Males	233.15	...	11	47.1 permille.		
Females	17.93	...	0	0 „		
Whole population of the Prison				...	251.08	...	11	43.8permille.

The death-rate for the whole population of the Port Louis Prison was in 1898, 47.8 per thousand.

14. *Remarks on the deficient sanitary condition of the Prison Hospital of Port Louis.*

The deficient sanitary condition of that part of the prison buildings, which is being used as hospital and which was never meant to be such, has formed the subject of an exhaustive report I forwarded to the Honorable Director of the Medical and Health Department in September 1898. What is called the Prison Hospital here is nothing but a corridor about 16 feet wide, provided with a bitumen roof that leaks considerably, although repairs have been repeatedly made therein. Light and ventilation, these important requisites of a hospital, are defective in spite of glass ventilators assisted by pankahs. When it is remembered that in such a place are treated cases of Fever, Diarrhoea, Dysentery, Bronchitis, Phthisis, Syphilis and surgical affections, all mixed together, it will be readily admitted that I am fighting disease here under the most unfavourable circumstances.—I have appended hereto a table giving the temperature of the place, taken every hour for a whole week, and I doubt very much that another hospital is to be found in the Island with such a high temperature record.

F. A. ROUGET,

M.B., C.M.Ed.,

Police and Prison Surgeon,

31st. January, 1900.

MONTH OF JANUARY 1900.

*Record of atmospheric temperature in Prison Hospital of
Port Louis.*

Hours.		Date. 22	Date. 23	Date. 24	Date. 25	Date. 26	Date. 27	Date. 28	Date. 29
Midnight ...	...	nil	85	84	83	84	85	86	87
1. ...	a.m.	nil	84	83	83	84	84	85	86
2. ...	...	...	84	83	83	83	84	85	85
3. ...	...	...	83	82	82	83	83	84	85
4. ...	...	...	83	82	82	82	83	84	84
5. ...	...	...	82	82	82	82	82	83	84
6. ...	...	82	82	82	82	82	82	83	83
7. ...	...	82	82	83	83	84	83	84	86
8. ...	...	82	84	84	83	85	84	84	87
9. ...	...	83	85	85	84	87	86	84	87
10. ...	...	83	87	86	86	87	89	86	89
11. ...	...	85	87	87	89	90	89	89	89
12. ...	noon	90	91	92	91	92	91	92	92
1. ...	p.m.	91	92	92	92	92	91	92	92
2. ...	...	91	91	91	91	91	91	91	91
3. ...	...	90	90	90	91	91	90	91	91
4. ...	...	90	90	90	90	90	90	90	90
5. ...	...	89	89	89	90	90	89	90	90
6. ...	...	88	89	89	89	90	89	89	
7. ...	...	87	87	88	89	89	88	89	
8. ...	...	87	86	88	88	89	88	88	
9. ...	...	86	85	86	87	88	89	88	
10. ...	...	85	84	85	87	87	89	87	
11. ...	...	85	84	84	86	86	87	87	

SPECIAL REPORT CONCERNING FEMALE PRISONERS.

1. Average daily No. of female prisoners in Prison ... 17.93
2. " " " " " in Hospital ... 3.32
3. Total number of admissions into Hospital from the female ward = 124, viz :

101 female prisoners.

23 children of female prisoners.

Of these, 12 women and 9 children had no appreciable disease but had nevertheless to be kept in hospital because children who were ill could not be separated from their mothers and vice versa. Hence the total number of patients was :—

89 women.

14 children.

103

4. The following is a general statement of sickness and mortality for female prisoners for the year 1899.

Daily average strength.	No. of admissions into hospital for actual sickness.	Daily average No. of admissions into hospital.	Ratio per mille of daily admissions to strength.	No. of deaths.	Ratio per mille of deaths to strength.
17.93	89	.24	13.3	0	0

5. The prevailing diseases were :

	Women.	Children.
Malarial Fever	42	8
Respiratory diseases	11	4
Diseases of digestive system	3	...
Mumps	4	...
Influenza	2	...
Dysentery	1	...
Gestatio and Puerperium	5	...
Other diseases	21	2
	89	14

6. There was no death.

7. There were two cases of confinement.—In both the labour was normal and the children were born alive.

F. A. ROUGET,

M.B., C.M.Ed.,

Police and Prison Surgeon.

31st. January, 1900.

20.

REPORT FROM MEDICAL SUPERINTENDENT,
GENERAL LUNATIC ASYLUM.

Report on the prevalence of sickness at the different seasons of the year at the Lunatic Asylum in 1899.

We had a few cases of Influenza during the months of April, May, June, August and November. One death occurred in August.

2. The Asylum was remarkably free from Dysentery during the year, only three cases having occurred, one in January, one in June and the third in September. No deaths.

3. Malarial fever was prevalent throughout the year, but the greatest number of admissions were from January to June, (amounting to 82) and in December (22), as compared with 33 from July to November. The months in which it was most prevalent were April (16), May (22), June (17) and December (22).

4. This fever was on the whole of a mild form, only one death having occurred during the year. The type was mostly intermittent, but many mixed forms occurred which it was difficult to classify. Several cases of malarial cachexia were also entered under this heading.

5. As a rule it may be said that the greatest prevalence of malarial fever in this Establishment corresponded with the summer months which succeeded the greatest rainfall.

6. As it was to be expected in an Institution in which many aged and weakly persons are kept there were several cases of anæmia and debility, 22 of the former and 11 of the latter.

4 deaths were entered under the latter heading.

7. As we have many inmates suffering from epileptic insanity in the Asylum, there were 139 admissions into hospital for severe fits. These admissions appear to have been more numerous during the cooler months, i. e., from May to October (amounting to 82 cases), while during the summer months only 57 cases were admitted.

8. There were 113 admissions into the Asylum for various forms of insanity, the greatest number (74) being for mania.

The admissions for all forms were slightly less in the summer months. The reverse was the case for mania, e.g., 40 cases in summer and 34 in winter.

9. 11 cases of diseases of the eye were admitted during the year. Most of them were due to slight conjunctivitis prevalent in the first three months of the year.

10. There were 19 admissions for various diseases of the

respiratory system. 1 of them died from pneumonia. The greatest number of admissions (11) were in the summer months.

11. 61 patients were admitted suffering from diseases of the digestive system, many from chronic diarrhoea. The cases occurred as follows : 35 in the summer months and 26 in winter. 2 deaths were due to diarrhoea and 1 to cirrhosis of the liver.

12. There were 52 cases of skin affections, mostly due to scabies and eczema.

13. There were 36 cases of minor injuries from falls among epileptics and slight blows received from other lunatics when excited. One case of fracture of the neck of the femur from a fall was recorded. All made an excellent recovery.

14. There were 16 deaths from various diseases, the greatest number (4) from debility and diseases of the digestive system (3).

15. As there was nothing unusual in the forms of diseases which occurred among the patients of this Establishment during the year 1899 I regret not to have any interesting case to record.

J. I. PADDLE, M.D.,

Medical Superintendent, Lunatic Asylum.

24th. February, 1900.

30.

REPORT FROM GOVERNMENT MEDICAL OFFICER, MOKA PUBLIC HOSPITAL.

RAPPORT ANNUEL.

Observations sur les maladies les plus importantes, traitées à l'hôpital de Moka pendant l'année 1899.

§ 3.—Circulaire 13 de 1899.

L'hôpital de Moka a été établi en 1886. Il est situé à 1,130 pieds d'altitude, au voisinage de la cour de District, sur l'emplacement de l'ancienne prison du District à 6 milles et demi de la ville de Port Louis.

La cour de l'hôpital mesure 260 pieds de long sur 160 de large : cette cour forme un quadrilatère, entouré à l'Est, au Nord et à l'Ouest, par une palissade de quinze pieds de hauteur ; un canal qui reçoit les eaux ménagères de la cuisine, la sépare de la cour sur laquelle s'élèvent la Police et la Magistrature. A l'Est se trouve à une distance de trente pas, une école catholique, à l'Ouest une école protestante, et au Nord un village assez peuplé. C'est dire que l'hôpital ne peut recevoir de maladies contagieuses.

Sur l'emplacement de l'hôpital s'élèvent les constructions anciennes qui servaient aux prisonniers du district : la salle

de logement, l'hôpital des prisonniers, une salle mortuaire, un réservoir d'eau avec salle de bains, la cuisine, le logement de l'infirmier économe, les cellules converties en magasins, la pharmacie, la lingerie et annexes, les latrines.

Ces constructions sont restées à peu près telles qu'elles servaient aux prisonniers. Le logement des prisonniers sert de salle pour les malades. Cette salle est sombre, n'ayant pour fenêtres que des ouvertures à barreaux de fer avec des auvents en bois ; le parquet est en asphalte ; une seule porte, la porte d'entrée ouverte aux vents régnants, abritée par une petite varangue ouverte. Elle contient 18 lits.

Ce bâtiment devrait être condamné à tous égards. Il manque d'air et de lumière ; et les malades, malgré deux paravents, sont exposés à la brise qui pénètre trop souvent humide, pendant la saison des pluies ; son parquet ne peut être nettoyé que par des lavages.

L'ancien hôpital des prisonniers est affecté aux femmes et aux enfants. C'est une excellente construction avec varangue circulaire et convenablement aérée. Deux paravents y ont été placés pour former des chambres aux cas d'accouchement ou de gynécologie. Il contient 14 lits. Le parquet seul, étant en asphalte, laisse à désirer.

En 1886, lorsque la conversion de la prison en hôpital du district a été décidée, un bâtiment très bien conçu a été édifié. Il est rectangulaire, construit en bois et couvert en bardeaux avec deux portes, E. & O. malheureusement formant un courant d'air quand elles viennent à être ouvertes simultanément, ces deux portes étant situées l'une à l'Est et l'autre à l'Ouest. Deux petites varangues l'une au Nord et l'autre au Sud permettent aux malades de s'y promener, et aux convalescents d'y prendre leurs repas. La salle est à deux pieds au-dessus du sol ; et, au-dessous du plancher existe une cave qui laisse circuler l'air par 16 ouvertures. La lumière et l'air sont répandus à profusion dans la salle par un grand nombre de fenêtres et par des ventilateurs ou vasistas, placés de chaque côté de la toiture. Neuf lits sont disposés de chaque côté, et à la partie Est de la salle, deux paravents corrigent la mauvaise situation des portes.

La cour de l'hôpital est suffisamment ombragée. La température minima est de 16 ° Centigr., la température maxima de 29 ° Centigr. L'humidité ou hygrométrie de l'atmosphère n'est considérable que dans la saison des pluies.

L'eau qui sert aux malades est régulièrement filtrée. Les vents régnants sont Est, d'Avril à Octobre, et variables d'Octobre en Avril, toujours avec prédominance des vents d'Est.

La quantité d'eau fournie à l'hôpital pour la cuisine et les bains est abondante et régulière.

Il y a 50 lits à l'hôpital, 36 pour les hommes, 14 pour les femmes et les enfants. L'hôpital est public, il reçoit des pauvres et des payants. La Police fournit le plus grand nombre de ces derniers. Les malades ne proviennent pas seulement de Moka, la ville qui a droit à 14 lits, en envoi de temps à autre un certain nombre. Le district des Plaines Wilhems nous envoie des constables, et parmi les pauvres, il en est qui viennent chez

leurs parents ou amis de Moka, pour se faire admettre à l'hôpital. Il nous manque un pavillon d'isolement et d'opérations chirurgicales. Il serait à désirer qu'il fut édifié au plus tôt. Une petite construction a été élevée dernièrement pour donner asile aux cas suspects de peste ; elle nous rend de réels services pour d'autres maladies contagieuses, diagnostiquées à l'hôpital.

La situation de l'Établissement est devenue défectueuse par le voisinage du village qui s'est formé depuis sa création et qui devient de plus en plus populeux. Il est impossible la nuit, malgré l'infirmier de service, d'empêcher les malades de s'absenter, et, même le jour, la surveillance est très difficile, l'hôpital étant trop peu important pour avoir un concierge ; la clôture, d'ailleurs est illusoire.

Les maladies qui figurent le plus communément sur nos registres, sont : la malaria ou fièvre intermittente ; l'influenza, les albuminuries, la dyssenterie, la tuberculose, la syphilis, les rhumatismes, la fièvre typhoïde. Les cas de chirurgie, de gynécologie sont très rares.

Les affections cutanées sont fréquentes, et relèvent le plus souvent de l'alimentation des Indiens et des Créoles et de la malpropreté. La filaria est devenue très rare depuis quelques années et l'érysipèle plus encore.

A. MALARIA OU FIÈVRE TELLURIQUE PAR SPOROZOAIRES DE LAVERAN.

C'est dans les quatre premiers mois de l'année que les cas de malaria ou fièvre intermittente se montrent les plus fréquents. Le sporozoaire de Laveran veut pour se développer l'humidité. Tant que la terre est sèche, la fièvre intermittente ne se manifeste pas, à moins que par le voisinage de *purin* ou d'eau stagnante, sur le bord des rivières, les moustiques ne viennent y puiser les germes.

L'absorption de ces germes se fait et par les voies respiratoires, et par l'eau ingérée, et par la peau (moustiques).

Dans les villes, les habitants des étages sont beaucoup moins atteints que ceux des rez de chaussée, effet produit par les vapeurs humides qui se dégagent du sol imprégné de spores et pénètrent par les voies respiratoires.—Je possède des faits indéniables de genèse par l'eau des boissons contenant les germes des sporozoaires. J'ai constaté le fait chez une famille qui au mois d'Août, étant sur le rivage de la mer, jouissait depuis un mois d'une santé parfaite, faisant usage d'une eau légèrement saumâtre. Tout à coup, pour avoir bu l'eau d'un puits qu'elle ignorait, mais dont l'apparence était des plus engageantes, l'eau étant limpide et sans sel. Tous ceux qui en usèrent furent dès le lendemain pris de malaria intense avec troubles bilieux. La famille fut obligée de retourner sur les hauteurs de l'île, et eut de la peine à combattre les effets de cet empoisonnement. Les injections hypodermiques de bi-chlorhydrate de quinine durent être pratiquées et renouvelées pour le combattre. C'est l'histoire des marins de la *Gloire* et de la *Victorieuse* en 1850, qui, éprouvés par la fièvre intermittente sur les côtes de la Chine, changèrent leur eau habituelle en eau bouillie à l'imitation des Chinois, et virent disparaître la malaria à bord des deux navires.

Le district de Moka s'étend des Pailles, près de Port Louis, aux régions élevées de la Nouvelle Découverte, de la Monta-

gne Blanche, de l'Ermitage. C'est des Pailles que nous viennent les cas de malaria appartenant au district. Dans ses autres parties, les manifestations ne se produisent çà et là, que pendant la saison des pluies,—chez les individus qui habitent au voisinage des amas de fumier, ou lorsque des mares intermittentes se forment près des demeures, ainsi que je l'ai observé depuis trois ans, tout près de l'hôpital, près du logement des serviteurs. Ce sont les étrangers au district qui forment plus de la moitié des cas traités à l'hôpital de Moka pour malaria.

Dans l'immense majorité des cas, la forme de la fièvre de début est bilieuse, et, il est rare qu'un accès ait lieu sans troubler les fonctions biliaires ; aussi le moyen le plus rapide, le plus économique, de guérir le malade est de lui pratiquer des injections hypodermiques de solution de Bi-chlorhydrate de Quinine.—3 injections de 0.30 à 0.50 centigrs. de ce sel à 7 heures d'intervalle suffisent ; pendant ce temps l'état bilieux est vaincu par les purgatifs, quelquefois l'Ipéca.

Les injections doivent être faites avec une asepsie parfaite de la peau, des instruments, de la solution. Pour prévenir le tétanos, il suffit d'appliquer une pièce de taffetas de Vigo sur la pique ou une couche mince de collodion.—Ces injections sont absolument nécessaires et doivent être pratiquées le plus tôt possible dans la forme ictero-hémorrhagique, à la dose minima de 0.50 centigrs. renouvelable au plus 3 à 4 fois dans les deux premiers jours.—Les purgatifs, le climat font le reste. Dès que l'estomac est bon,—20 gouttes de solution de perchlorure de fer par jour, administrées en 2 fois dans du lait, ne tardent pas à combattre l'anémie. Les injections de bi-chlorhydrate de quinine constituent un moyen excellent aussi pour éviter les récidives. Cependant, il arrive chez les chroniques, que l'usage d'une solution de Benzoate de soude et de Caféine, unie à la quinine et à la strychnine, devienne nécessaire. Lorsqu'il n'y a pas urgence à employer les injections hypodermiques qui sont redoutées en raison de la douleur,—il convient d'ouvrir le traitement par l'ipéca et les purgatifs, afin de donner l'appétit aux malades, et de faire disparaître la bile des urines.—Alors on doit donner les sels de quinine de 7 en 7 heures en solution, à jeun, jusqu'à ivresse quinique—signe de l'intolérance.

La cachexie malariale qui se traduit par spléno-mégalie hydro-mélanémie—amaigrissement, exigent trois facteurs :

- 1o. Du *vrai* quinquina jaune en poudre aux repas ;
- 2o. Des pilules antécibum-aloès et extrait de quinquina au dîner suivies le lendemain matin 2 fois la semaine d'un purgatif salin additionné de teinture de Jalap ;
- 3o. L'application de linges froids et humides chaque jour sur la région splénique, et bientôt l'hydrothérapie en douches légères sur la rate, en bains frais et rapides.

Ce traitement est la formule prophylactique de la fièvre intermittente, c'est-à-dire, que celui qui habite une région malariale, doit, les trois quarts de l'année, avoir un excellent appétit et des urines normales en quantité et en qualité. Les pilules antécibum doivent être prises aussitôt que l'appétit diminue ;—de la quinine dans du café ou du thé le matin ; aux repas du vrai quinquina, et tous les jours le bain frais ou même froid.

Une forme pernicieuse rare à Moka, mais terrible chez l'adulte et surtout chez l'enfant, est la cholériforme. Elle guérit aisément par les injections de bi-chlorhydrate de quinine, combinées à l'usage de la solution de chlorure de sodium 7 grammes 50 par litre, dite serum artificiel,—en bain interne de 500 à 1,000 grammes à garder, et par ingestion, additionnée d'albumine de l'œuf et de quelques gouttes d'elixir parégorique.

B. INFLUENZA.

Après la Malaria, c'est l'Influenza qui fournit le plus grand nombre de malades.

Depuis la grande épidémie d'Influenza qui parcourut l'Europe en 1889, l'Influenza nous est arrivée en 1890, se manifestant sous la forme d'une épidémie générale, infectieuse et contagieuse, peu grave quoique pénible. En 1893, elle reparut et fit bon nombre de victimes parmi les vieillards et surtout chez les enfants.

Depuis, l'Influenza est devenue endémique à Maurice, se manifestant ça et là surtout en hiver sous forme de petites épidémies plus ou moins sévères, le plus souvent sans gravité excepté sur les très jeunes enfants. Le même sujet peut en être atteint un nombre indéterminé de fois, c'est le caractère de cette fièvre infectio-contagieuse.

Les sels de quinine m'ont paru être le moyen prophylactique par excellence. En 1893, j'observai que les malades soumis dans nos salles, à l'usage des sels de quinine, furent les seuls préservés. De là l'idée d'en faire un agent prophylactique, et mes expériences sur ce point m'ont toujours réussi.

Quant au traitement, depuis l'année dernière, je combats la fièvre d'Influenza, compliquée ou non de broncho-pneumonie, par une ou plusieurs applications d'un mélange de Liniment d'Iode et de l'huile de Gaïacol. La proportion du mélange chez l'adulte est de 40 gouttes de Liniment d'Iode pour 10 gouttes de Gaïacol. Le badigeonnage fait sur la région sternale ou sur le point douloureux, est immédiatement recouvert d'un tissu imperméable ou d'une feuille végétale, maintenue en contact à l'aide de la main sur le vêtement, pendant 15 ou 20 minutes, pour empêcher l'évaporation. Une transpiration abondante se produit alors, si la dose de Gaïacol est suffisante, qui abaisse la température de 2 à 3 degrés ; il n'y a plus qu'à donner un grog pour combattre les effets de la sudation, et, de la quinine combinée à la teinture d'Aconit 15 à 20 gouttes, pour combattre l'infection :—ce qui n'empêche pendant un jour ou deux, de soumettre le malade le soir à une dose de Calomel et de Dower \overline{aa} 0 gr. 10 centigrs. et les 2 jours suivants à un purgatif huileux le premier jour, salin le deuxième jour avec une dose de Quinine. Le chloral-bromuré est très utile pour favoriser le sommeil et calmer la toux. En général trois jours de ce traitement mixte suffisent contre la plus forte crise d'influenza. L'infusion de thym est la meilleure boisson, avec addition d'une préparation alcoolique. Le Gaïacol, malgré la coloration verdâtre des urines qu'il détermine quelquefois, ne produit jamais l'albuminurie.

C. LES ALBUMINURIES.

Avant l'année 1893, les néphrites albumineuses s'observaient, mais elles étaient relativement rares, et le plus souvent curables ;

elles paraissent causées le plus souvent par l'alimentation des Indiens et des Créoles de la classe inférieure, riche en toxines : viandes et poissons salés, très souvent en partie putréfiés, fruits cueillis avant maturité et vendus à l'état de fermentation, en voie de décomposition. Des dermatoses, conséquence de ce régime et de la malpropreté causaient parfois des albuminuries graves.

Depuis 1893, c'est-à-dire la grande et grave épidémie d'influenza, les cas d'albuminurie à l'hôpital de Moka ont très notablement augmenté, et comme les malades arrivent le plus souvent à une époque très avancée de leur mal, la mort en est aussi souvent la conséquence.

La plupart des décès par néphrites albumineuses (Bright's disease) ont été suivis d'autopsie. Il m'a été ainsi permis de faire de véritables trouvailles d'amphithéâtre, que je n'ai vu consignées dans aucun ouvrage.

En dehors des petits reins atrophiés, des gros reins blancs, j'ai vu des reins transformés en kystes géants, contenant plus de deux litres d'un liquide séro-sanguin, séro-purulent, avec quelques débris de détritiques organiques ; des reins transformés en foyers purulents avec coques calcaires. Chez un Polonais, garde monté au Réduit, atteint d'albuminurie d'origine alcoolique, mort par lieuterie, — j'ai trouvé le rein droit atrophié, du poids de 16 grammes, et le gauche transformé en un foyer purulent recouvert d'une coque calcaire. — Les causes de ces albuminuries sont variées ; si depuis l'influenza de 1893, elles sont plus nombreuses, j'estime que les boissons adultérées (vins, bières, porters, eaux-de-vie), les viandes conservées fortement altérées, jouent le rôle le plus important dans leur genèse. Par l'absence d'un laboratoire colonial, d'un laboratoire de bactériologie, Maurice devient chaque jour de plus en plus le *refugium* des falsifications de toutes sortes, s'étendant jusqu'aux produits pharmaceutiques principalement les spécialités (*patent medicines*).

Traitées de bonne heure, ces albuminuries, avec œdèmes, — dyspnée, bruit de galop, prurit, peuvent guérir. Le point principal est d'en trouver la cause. Cependant, nous avons des armes pour les combattre.

Le régime d'abord, — le régime lacté, puis la proscription des viandes fortes et des salaisons.

La digitale, la décoction de barbes de maïs, l'iodure de Potassium ou de Sodium, les bromures, la Scille, la Caféine, la Spartéine, la Lactose sont les médicaments dont il faut savoir se servir. Les ventouses sèches ou scarifiées sur les reins aident aux effets des médications.

Si urémie, la diète hydrique — eau de barbes de maïs en solution saline (7 g. de chlorure de sodium pour un litre de cette décoction, en boissons). Sur les reins et à la base des poumons — des ventouses scarifiées, pour calmer l'oppression, les injections d'éther, pour alimenter la lactose, le lait.

Lorsque le régime lacté n'est plus nécessaire, les viandes blanches, les légumes et le vin diurétique de Trousseau nous ont rendu de réels services.

Il serait très intéressant de faire la pathogénie aussi précise que possible des néphrites albumineuses que nous observons ainsi depuis quelques années ; je le répète—l'établissement de laboratoires de bactériologie et d'analyses des aliments liquides et solides, des médicaments, est absolument nécessaire à cet effet. Je viens d'observer à l'hôpital de Moka un cas de néphrite avec hématurie et albuminurie très grave. Le diagnostic en a été facile ; le jeune homme qui en était atteint m'offrait les signes habituels d'œdèmes de la face et des membres : il était de plus atteint de parésie des membres du côté droit ; les articulations du coude et du genou droits étaient douloureuses et tuméfiées, la dyspnée était grande avec toux fatigante. Le cœur battait en bruit de galop, il y avait pollakiurie, et 400 grammes d'urines dans les 24 heures. Ce jeune homme habitant Moka, était allé servir en ville pour le service de la peste à titre de garde spécial ; sans avoir éprouvé de fièvre, il a été forcé de quitter son service pour venir se faire traiter à Moka. Je n'ai observé chez lui aucun signe de malaria. Il avait de l'hydrémie sans mélanémie, la rate était à peine augmentée de volume. J'aurais bien voulu pouvoir faire la cause de cette néphrite albumineuse et hématurique. Je l'ai traitée en faisant plutôt la médecine des symptômes... Par la digitale à haute dose unie à la scille, à l'iodure et au bromure, par le régime lacté, les ventouses sur les reins,—la caféine et l'éther nitreux, la strychnine, j'ai pu élever rapidement le taux urinaire, calmer l'oppression et les battements du cœur. Mais il m'a fallu recourir bientôt aux toniques : le vin diurétique, le tannin, l'ergot et l'hydrastin —et même le perchlorure de fer dans du lait à la dose de 20 gouttes de teinture par jour. Finalement, c'est-à-dire après 2 mois de traitement, la guérison s'est effectuée. Ce fut une lutte bien difficile pour moi, et, la cause de cette néphrite infectieuse me reste encore inconnue : pas de gonorrhée, pas de coups sur les reins, pas d'alcoolisme, pas de malaria ; il ne me reste que l'alimentation viciée par les adultérations des liquides et des solides, et par la position précaire du sujet.

Les albuminuries malariales sont peu fréquentes. Le perchlorure de fer dans du lait, le vin de quinquina additionné de tannin,—réussissent à les combattre rapidement. Plus rares sont les albuminuries syphilitiques que le mercure et l'iodure de potassium parviennent à guérir. Les albuminuries d'origine alcoolique, qui ne sont pas liées à la cirrhose atrophique du foie, sont rebelles et sujettes à récurrence.

D. DYSSENTERIES.

La dysenterie dans mon opinion n'est pas une maladie spéciale, c'est un symptôme. Tout individu qui rend avec effort du sang, du mucus, est considéré comme atteint de dysenterie.

C'est la cause qui fait la maladie, et par suite le traitement. Les lépreux finissent par une dysenterie particulière, les Brightiques souvent, par une dysenterie lieutérique.—Les indigestions de fruits verts occasionnent chez les enfants des dysenteries qui, négligées deviennent putrides et contagieuses. Les vers lombrics causent souvent un état dysentérique, qui disparaît avec un vermifuge doux. Certains purgatifs mal administrés donnent lieu à une colite de forme dysentérique. La syphilis, la malaria, la tuberculose peuvent créer des dysenteries,

La dysenterie des pays chauds, à part l'analyse bactériologique ou microscopique, qui n'est pas encore faite, se caracté-

rise par un état bilieux manifeste (altérations de la sécrétion biliaire) produisant des selles fréquentes, très acides, mêlées de glaires, de sang, de bile verte et une diminution des matières fécales.— C'est cette forme causée par les transitions brusques de température chez les personnes à prédominance bilieuse qui mérite le mieux le nom de Dyssenterie— que nous traitons le plus souvent dans les hôpitaux ou dans notre clientèle privée.

Comme toute maladie, elle est bénigne et apyrétique, grave et fébrile,— elle est aiguë ou chronique.

A l'hôpital de Moka, il nous arrive rarement d'avoir à traiter des cas de dyssenterie aiguë des pays chauds. Ce sont surtout des chroniques arrivés au bord de la tombe qui nous arrivent émaciés et le plus souvent incurables.

La dyssenterie bénigne, apyrétique est rapidement curable — deux ou trois doses de manne ou d'huile de palma mêlée d'huile d'olive précédées la veille d'une petite dose de calomel et de Poudre de Dower réussissent chez les enfants et chez les adultes.

La dyssenterie aiguë, avec fièvre, et état saburral trouve son traitement le plus efficace, dans l'Ipéca concassé infusé la veille dans 20 grammes d'eau bouillante avec digestion (4 grammes pour un adulte). Le même Ipéca traité de la même manière pendant 4 jours de suite, précédé à chaque fois du mélange calomel et Dower. Le malade en prend chaque matin 1 cuillerée à café de $\frac{1}{4}$ en $\frac{1}{4}$ d'heure. Le régime est sévère. Bouillon de soupe, lait coupé, tisane d'orge et de *sieges ceckia orientalis*.

Les lavements d'Ipéca laudanisés m'ont rarement réussi. La dyssenterie chronique a contre elle deux traitements de valeur. Les grands lavements antiseptiques de 600 grammes à un litre eau chaude infusée sur thym, pour modifier l'état du rectum et du colon, le vin du Dr. Bernard, produit par une macération dans du vin, d'écorces de Grenade, de Quinquina, de Simarouba, de Réglisse, ce vin porte aussi le nom de vin du Dr. Mailloux— 3 cuillerées à dessert dans les 24 heures ; l'une le matin, l'autre l'après-midi, la troisième le soir. Pour boisson une légère infusion de Simarouba— pour régime du bouillon de soupe.

L'autre traitement est celui de Linné, dit aussi du Dr. Lagravelle—c'est l'Anderjoa. Je le donne sous la forme d'un sirop préparé pour adulte avec Anderjoa 5 Grammes (2 Grammes 50 simplement pulvérisés,—2 Grammes 50 de graines préalablement grillées, et ensuite pulvérisées).

Ces 5 grammes sont bouillies dans 200 grammes d'eau réduite à 120 grammes qui restent en digestion pendant 12 heures. Le sucre est ajouté pour faire par ébullition, 60 grammes de sirop.

Le matin à jeun de $\frac{3}{4}$ en $\frac{3}{4}$ d'heure 1 cuil : à dessert de ce sirop édulcoré une tasse à café de mucilage léger d'arrowroot additionné de 0.15 centigrs. de magnésie calcinée.—La dose est de 3 cuillerées à dessert dans la matinée. Une heure après le malade prend un premier repas et bouillon de soupe ou de viande bien cuite, de l'eau vineuse pour boisson.—Deux heures après ce repas, il prend 2 nouvelles cuillerées à dessert du sirop dans son eau d'arrowroot magnésienne à $\frac{3}{4}$ d'heure d'intervalle. Une

heure après il fait son second repas. La dernière cuil : à dessert est donnée dans la soirée.

Le lait, les œufs sont prohibés dans ce traitement. L'eau vineuse sert de boisson.

Ces deux traitements, je le répète, réussissent merveilleusement lorsque le malade n'arrive pas à l'état putride.

E.—LES TUBERCULOSES.

A l'hôpital de Moka, je n'ai eu à traiter cette année que la tuberculose pulmonaire. Elle est très répandue à Maurice comme dans tous les pays civilisés. Je l'ai toujours considérée comme étant de nature exclusivement contagieuse ; l'hérédité ne doit être envisagée que comme cause prédisposante, terrain favorable à l'action du bacille de Kock.

Le climat de Moka, et particulièrement à l'hôpital de Moka, est contraire à son traitement.

La création de Sanatoria spéciaux, comme je l'ai souvent écrit dans différents rapports officiels depuis 13 ans, s'impose ici comme dans tous les centres civilisés.

Ces sanatoria doivent être choisis sur le littoral ou dans les régions élevées de l'Ile ; selon la forme torpide ou aiguë de la maladie.

L'admission dans nos hôpitaux, en salle commune, d'un tuberculeux est en opposition avec les lois de l'hygiène. Depuis 1886, époque de la création de l'hôpital, j'ai vu quatre cas de contagion chez nos infirmiers, trois en sont morts. La mortalité dans nos salles est la règle, si non la loi—contre les formes aiguës, contre les formes apyrétiques,—nous pouvons dans notre service obtenir des améliorations, mais ces améliorations ne peuvent être que passagères ; les convalescents nous quittent pour nous revenir ou s'en aller mourir ailleurs.

L'aération est le traitement de choix, bien difficile à mettre en pratique à l'hôpital de Moka.

Les applications cutanées de Gaïacol et de Liniment d'Iode avec obstacle à l'évaporation réussissent à combattre la fièvre, jusqu'à un certain point ; les apéritifs, les injections sous-cutanées d'huile camphrée créosotée et morphinée, les lavements d'huile créosotée, nous permettent quelquefois d'obtenir des améliorations. Alors, si le malade peut s'alimenter et se nourrir il peut arriver à un état très satisfaisant. Mais, ce n'est pas dans nos hôpitaux officiels que nous pouvons conduire ces expériences d'une manière scientifique, convenable. Des sanatoria spéciaux sont nécessaires.

F.—FIÈVRE TYPHOÏDE.

L'hôpital de Moka reçoit rarement des cas de fièvre typhoïde.—En l'absence d'un pavillon spécial pour les maladies contagieuses, les cas de fièvre typhoïde ne nous sont adressés que par erreur de diagnostic. La fièvre typhoïde est endémique, et très rarement épidémique, dans ce cas, sous forme locale ;—il en résulte que primâ facie, le diagnostic est le plus

souvent incertain. C'est par exclusion que se fait le plus souvent ce diagnostic qui ne peut être confirmé par un laboratoire de bactériologie, depuis si longtemps réclamé vainement.

Nous sommes donc parfois dans la nécessité de recevoir, et de traiter des cas de fièvre typhoïde à l'hôpital.

Heureusement, la prophylaxie en est facile, — et en ayant soin de faire uriner, dans des vases contenant du lait de chaux, de traiter de même les selles, d'exercer une grande surveillance sur les draps, les linges, etc. nous n'avons jamais vu la propagation de cette pyrexie à bacilles dans notre hôpital. Prise à temps, la fièvre typhoïde à Maurice, traitée avec une grande sollicitude, guérit dans l'immense majorité des cas. Si nous n'avons pas encore de sérum ou de spécifique, nous possédons du moins dans l'usage attentif, expérimental, des antiseptiques et des anti-thermiques, des armes de combat réellement efficaces.

Au commencement de cette année, à l'hôpital même, j'ai été appelé à remplacer la balnéothérapie par des applications de Gaïacol, anti-thermique par sudation, qui prudemment appliqué, n'agit ni sur le cœur, ni sur les reins. Le Gaïacol vaut la peine d'être expérimenté, ainsi qu'il résulte des succès qu'il m'a toujours donnés.

Depuis 18 mois, j'avais obtenu contre la fièvre des tuberculeux, à l'aide de badigeonnages de Liniment d'Iode, et d'huile de Gaïacol, en ayant soin d'en prévenir l'évaporation par l'application d'une feuille végétale, une sudation proportionnée au nombre de gouttes employées, et au degré thermométrique et par suite une hypothermie favorable au malade et à l'évolution du mal. Au mois de Janvier dernier un enfant de 11 ans fut envoyé à l'hôpital par le dispensaire des Pailles, dans un état misérable. Il était malade depuis deux semaines environ, l'émaciation était notable : la fièvre oscillait entre $38^{\circ}5$ et $39^{\circ}5$, le ventre était météorisé, et le tympanisme était péritonéal ; les douleurs abdominales étaient vives, il avait des vomissements fréquents, la langue sèche et vermissée ; le pouls était petit et rapide. Les urines albumineuses. Force me fut de combattre les douleurs et les vomissements par des injections hypodermiques de chlorhydrate de morphine ; et à défaut de renseignements, comme l'enfant toussait, je crus à une péritonite tuberculeuse ; je fis un badigeon de 10 gouttes de Gaïacol sur l'abdomen, et par dessus, une application de collodion iodoformé ! Un quart d'heure après l'enfant transpira abondamment, la température de $39^{\circ}5$ tomba à $37^{\circ}5$. Ainsi calmé, il put garder du sérum artificiel (eau additionnée de chlorure de sodium à 7 pour 1,000, additionnée d'un blanc d'œuf pour 100 grammes de sérum.

J'eus à lutter ainsi pendant 4 ou 5 jours, à l'aide d'une ou deux injections d'un centigramme de morphine, et de deux applications de Gaïacol recouvert de collodion iodoformé, diète hydrique, albumineuse et chlorurée sodique bientôt aidée par de petites doses de lait additionné d'eau de chaux. Le météorisme disparut, les vomissements cessèrent, la fièvre se modéra, les urines devinrent normales. Je croyais, dis-je, à un cas de péritonite tuberculeuse, en voie de guérison. Quand arrivèrent en même temps à l'hôpital la sœur du petit malade et deux jeunes frères, tous trois manifestement atteints depuis cinq jours de fièvre typhoïde.

Evidemment le petit Dawood était atteint depuis 14 jours d'une fièvre entérique avec perforation intestinale,

Immédiatement je commençai sur les trois enfants, la sœur âgée de 13 ans, les deux frères 9 et 7 ans le traitement suivant :—Pendant 3 soirs calomel et Dover aa 0.10 centigrs. Hydrate de chloral 0.50 à 1 gramme dans de l'orge pour favoriser le sommeil ; chaque matin un léger seidlitz dans du café, avec 0.10 centigrs. de citrate de caféine, 0.20 à 0.30 centigrs. de Sulfate de Quinine. Contre les élévations thermiques 1 à 2 applications d'huile de Gaïacol sur l'abdomen—7 à 14 gouttes, sous feuille végétale pour empêcher l'évaporation, et produire au bout de 15 minutes une sudation suffisante pour abaisser la température de 2 degrés. Si la transpiration était trop grande, j'administrerai un grog au rhum. Chaque soir je faisais l'antisepsie intestinale au moyen d'une dose de Benzo-Naphthol et de Salicylate de Bismuth aa 0.25 centigrs. et j'administrerai un grand lavement de 600 grammes d'infusion de thym à température de 20 ° à 22 ° Centigr. Au 14me. jour de la maladie sous l'influence de cette médication, la température vespérale pathologique varia entre 38 ° 2 et 38 ° 5.—Dès le 15me. jour, je n'eus plus besoin de recourir au Gaïacol. En continuant le même traitement—du bouillon de soupe, un peu de vin de Quinquina, et des lavements frais de thym en sérum artificiel, la défervescence s'accentua pendant la 3me. semaine, au 21me. jour, sommeil, selles, température, urines—tout était à l'état normal.

Il ne me resta plus qu'à suivre leur régime alimentaire pendant la 4me. semaine, au bout de laquelle ils étaient tous trois, guéris, pendant que Dawood engraissait et se fortifiait à vue d'œil.

Dans le courant de cette année—j'ai reçu encore deux enfants atteints de fièvre typhoïde—le 1er. âgé de 5 ans, soumis au traitement précédent a fait 14 jours de fièvre, le 2me. âgé de 15 ans arrivé au 12me. jour, a fait en tout 20 jours de maladie.

Il m'a été donné de traiter encore quelques cas de fièvre typhoïde—1o. chez une dame de 49 ans, 2o. chez un adulte de 36 ans et enfin chez un jeune homme de 19 ans, et j'ai eu à me louer de l'usage du Gaïacol comme anti-thermique par sudation, et comme modificateur des urines albumineuses.

Le point essentiel, comme d'ailleurs à l'aide du traitement par l'eau froide, est de savoir l'appliquer, thermomètre en mains, à doses proportionnées, selon la manière dont la fièvre se défend.

Bien que diminuant le taux des urines, leur donnant parfois une coloration légèrement brune ou verdâtre, le Gaïacol comme je l'ai dit ne produit jamais d'albuminurie, il y a mieux, il fait disparaître l'albumine des urines. Pour remplacer l'eau perdue par la transpiration, par les évacuations alvines, il existe un moyen précieux, c'est le lavement frais antiseptique, et contenant du chlorure de sodium dans la proportion du sérum artificiel.

Il peut arriver que pendant le traitement au Gaïacol, les malades reprennent la fièvre avec un frisson plus ou moins intense. Ce n'est pas une raison pour en suspendre l'emploi. On réchauffe alors le malade avec des couvertures, des bouteilles chaudes, et, on applique le Gaïacol à moindre dose aussitôt le retour du stade de chaleur.

Voici quel est depuis le commencement de cette année mon traitement systématique de la fièvre typhoïde avec le Gaïacol au lieu de la balnéothérapie.

Sitôt la fièvre typhoïde constatée ; le calomel la nuit comme antiseptique intestinal (le mercure d'après Vidal et Chantemesse étant mortel pour le bacille d'Eberth). Le calomel est donné à la dose de 0.06 à 0.12 cent. en 2 ou 3 prises. Si agitation, et insomnie l'hydrate de chloral. Le matin suivant, si état nauséux et langue saburrale, un Ipéca à dose vomitive, le jour suivant de l'huile de palma, le 3^{me}. jour un Seidlitz. Traitement des 3 premiers jours—pour boisson le jour, orge, limonade vineuse au jus de citron—pour régime, lait—bouillon de soupe léger, chaque après-midi un mélange de Benzo-Naphtol et de Salicylate aa 0.25 à aa 0.50.

Le Gaïacol est administré à jeun, après l'effet du purgatif, en gouttes sur le ventre ou sur la poitrine, avec ou sans huile d'olive en ayant soin de recouvrir immédiatement la partie huilée d'une feuille végétale ou d'une pièce de taffetas gommé. La dose première est de 10 gouttes pour adulte. La sudation se produisant au bout d' $\frac{1}{4}$ d'heure, on ajoute de 5 en 5 gouttes de 15 en 15 minutes, jusqu'à effet produit.

Lorsque le malade est rafraîchi par la sudation, un grog chaud au rhum lui est administré, et s'il se refroidit, je lui fais mettre des bouteilles chaudes aux extrémités qui sont frictionnées. La température baisse ordinairement de deux degrés. Dès que le thermomètre remonte—avec ou sans frisson initial,—au dessus de $38^{\circ} 5$, le Gaïacol est réappliqué en se conformant aux règles précédentes, pendant 8 jours,—il arrive d'avoir à se servir du Gaïacol, deux à trois fois par 24 heures. Je ne l'ai appliqué à l'hôpital que 2 fois dans la journée. Ne médicamentant les malades la nuit que pour favoriser le sommeil, c'est à un mélange de chloral et de morphine que je m'adresse au besoin, pendant tout le cours de la fièvre, je donne le matin un léger Seidlitz, et une petite dose de sulfate de quinine dans du café ; si le cœur semble faible et même pour favoriser la diurèse j'y ajoute du citrate de caféine de 0.10 à 0.20 centigrs. et parfois le soir je donne 0.03 de sulfate de spartéine pour tenir le cœur en tension.

Il m'est arrivé chez quelques malades, même en l'absence de toute influence malariale d'avoir avant la reprise de la fièvre, un violent frisson. Le Benzoate d'Ammoniaque, l'acétate d'ammoniaque liquide, avec du rhum unis à des couvertures chaudes, ont fait disparaître cette pénible sensation de froid.

Parmi mes malades à l'hôpital, je n'ai pas observé d'hémorragie intestinale. Dans ma clientèle privée, chez un malade vu pour la première fois au 21^{me} jour, atteint d'hémorragie intestinale,—j'ai appliqué le Gaïacol avec succès, les compresses froides sur le ventre, les injections d'Ergotine ; l'Hydrastis, l'Ergot et l'Hammamélis combinés à l'intérieur, ont fait disparaître la crise hémorrhagique.

C'est au lait de chaux dans les vases qui reçoivent les matières excrémentitielles que je m'adresse pour la prophylaxie de la fièvre typhoïde dans le voisinage. Une propreté excessive des malades et des linges est rigoureusement faite.—Néanmoins, j'estime que les cas de fièvre typhoïde ne doivent pas être traités en salle commune.

G. ALCOOLISME.

En dehors des albuminuries—dont nous avons cru trouver l'étiologie dans l'alcoolisme et surtout dans les boissons alcooliques adultérées dont l'Ile Maurice abonde—par suite de l'absence d'un laboratoire spécial, ainsi que nous l'avons établi,— nous avons à traiter dans nos hôpitaux des altérations du foie qui n'ont pour cause que l'alcool.

1o. La cirrhose atrophique ; 2o. l'hépatite avec prédominance de l'élément sanguin, 3o. l'hépatite avec prédominance de l'élément graisseux, ces deux dernières formes atteignent de préférence les marins Européens qui viennent mourir à l'hôpital avec un état gastrique rebelle à tout traitement.

La cirrhose atrophique, incurable, lorsqu'elle a atteint un degré très avancé de marasme avec ascites très avancées, peut être provisoirement du moins guérie, lorsque le malade se présente pour la première fois, même à la période ascitique.

Dans le premier cas lorsque la nutrition est devenue impossible, c'est la mort, à échéance plus ou moins éloignée, en dépit des paracentèses multiples.— Dans le second cas, voici la médication qui m'a le mieux réussi : en 20 jours de traitement systématique, j'ai obtenu une guérison ; au moins momentanée, et que je vais résumer ici.

Régime—riz, pain, légumes, lait 1.25 centil. 1 œuf.—Médicaments :—chaque nuit 1 pilule de 0.06 centigrs : de calomel et 0.06 centigrs : de Dower—Tisane orge nitrée 0.50 centigrs : par 3 verres.—2 fois la semaine pendant la première semaine 0.50 centigrs. de Scammonée, et pendant 20 jours entre 9 heures du matin et 5 heures du soir une potion contenant Digitale 30 gouttes, Ether nitreux 2 grammes, Iodure de potassium 1 gramme, pour 60 grammes d'eau, en 3 doses, pendant le jour. Au bout du 20^{me}. jour, j'avais 2 litres d'urines par 24 heures, 1 selle normale—et la disparition de toute trace d'hydropisie. Le malade fut alors soumis pendant 7 jours avant sa sortie, à un régime différent—c'est-à-dire du bœuf au lieu de lait, puis au régime de créole normal. Il était parfaitement bien à sa sortie.

Nous n'avons eu en fait d'opération chirurgicale, qu'une amputation de la jambe, chez un indien, à la suite d'un écrasement irrémédiable du pied par une roue de wagon. Cet homme est arrivé trop tard à l'hôpital, c'est-à-dire 20 heures après l'accident,—déjà, en proie à une phlébite du membre lésé. Cependant nous lui avons fait l'amputation, mais, bien que l'opération ait été des plus simples, sans perte de sang, et en l'absence du chloroforme puisque le malade était trop faible, il a succombé 12 heures après.

En dehors de la phlébite, cet homme avait un cancer déjà avancé de l'estomac. (autopsie).

ENTÉRITE CHEZ LES ENFANTS, ATHREPSIES.

Nous avons enregistré plusieurs décès chez les enfants atteints de Lieutérie, suite d'athrepsie, le plus souvent causées par la misère. Quand les enfants arrivent à l'état aigu, le collodion iodé sur le ventre, la diète hydrique (sérum artificiel)

albumineux) lavements de sérum additionnés d'élisir parégorique nous ont rapidement réussi ; mais sous la forme chronique. Je n'ai obtenu de résultat favorable qu'avec des boulettes de viande crue assaisonnées de sel de cuisine, et en favorisant la digestion à l'aide du sirop de lait de papaye dans une eau légèrement alcaline. Le sirop de lait de papaye se prépare à 1/5^{me}, lait de papaye fraîchement obtenu par scarification des fruits verts, et battu intimement avec le sirop. Ce sirop doit être donné dans un véhicule—eau additionnée d'eau de chaux ; pris pur, il exciterait des vomissements. Le lait de papaye agit ainsi comme la papaine, jouissant d'une puissance digestive admirable. Depuis 15 ans que je l'administre ainsi, j'en ai toujours obtenu des effets supérieurs à ceux que donne la pepsine pure.

La tridigestine (pepsine, pancréatine et diastase) est d'une préparation trop instable. Elle ne se conserve pas dans notre climat.

I. ANÉMIE.

Dans les cas d'anémie malariale, avec hydrémie, mélanémie, en dehors du chlorhydrate de quinine, qui s'assimile mieux que tous les autres sels de quinine, le perchlorure de fer dans du lait m'a donné des résultats qui valent la peine d'être connus.

Un enfant de deux ans peut prendre 30 gouttes de perchlorure de fer par jour en 3 doses dans du lait, qui se trouble il est vrai, mais la digestion en est facilitée, au point que la constipation souvent fait place à la diarrhée. Chez une femme d'une trentaine d'années, j'ai ainsi obtenu une véritable résurrection. C'est à mon avis le meilleur moyen de faire assimiler le fer.

I. DERMATOSES.

Elles sont communes à Maurice. Elles peuvent se diviser en syphilitiques, Arthritiques, parasitaires.

Syphilitiques, elles relèvent des agents spécifiques.

Arthritiques, elles sont produites par les ingesta chez des natures prédisposées—elles sont alors très lentes à se modifier. C'est par le régime lacté, les benzoates de Soude et de lithine, une alimentation de pain, de riz, de légumes, de lait, de volaille. Le cabri, les viandes fermentées, le poisson doivent être proscrits.

Parasitaires, elles sont très rares. Je n'ai jamais vu dans mon service à l'hôpital de Moka, un cas de gale (*Acarus Scabici*). Mais de l'ecthyma aux mains et aux pieds,—assez souvent et, la propreté, l'onguent jaune de mercure, les lavages à la solution de Bi-iodure à 1/5,000 donnent de bons résultats.

J'administre le soufre, à l'intérieur, 0.50 matin et soir. Sous l'influence de cette médication anti-parasitaire, l'ecthyma guérit en 10 jours (moyenne).

15 Janvier 1900.

DR. EUG. VINSON,—M.D.

RETURN OF THE STATISTICS OF POPULATION FOR THE YEAR 1899.

							GENERAL POPULATION.		INDIAN POPULATION.	
							Europeans, Whites, Africans, Mixed and Coloured.	Chinese.	Creole Indians.	Immigrants.
Number of inhabitants in 1898 (on 31st. Dec.)	...						114,554	3,096	196,075	65,147
„ Births during the year 1899	..						4,231	62	8,878	1,772
„ Deaths „ „ 1899	...						4,304	228	6,817	3,000
„ Immigrants „ „ 1899	...						1,162	806	1,165	.....
„ Emigrants „ „ 1899	...						802	659	939	613
Number of inhabitants in 1899 (on 31st. Dec.)	...						114,841	3,077	198,362	63,306
Increase	...	...	...	...	...	...	287	.....	2,287	.....
Decrease	...	...	...	...	...	...	.....	19	.....	1,841

METEOROLOGICAL RETURN FOR THE YEAR 1899.

	TEMPERATURE AT ROYAL ALFRED OBSERVATORY.						RAINFALL.		WINDS.		REMARKS.
	Solar Maximum.	Minimum on Grass.	Shade Maximum.	Shade Minimum.	Range.	Mean.	Amount in Inches.	Degrees of Humidity.	General Direction.	Average Force.	
								P.C.		Miles per hour.	
January ...	* 163.0	* 63.8	* 91.6	* 67.7	23.9	† 79.6	2.18	† 74.6	E.S.E. & E.b.S.	13.0	Rainfall 69 o/o be- low average.
February...	162.3	63.2	92.4	65.8	26.6	78.3	7.24	81.9	E.E.b.N. & var.	9.7	
March ...	163.8	65.3	89.3	68.6	20.7	78.4	12.13	81.3	E.S.E. to E.b.N. & var.	10.3	Rainfall 47 o/o above average.
April ...	153.1	56.9	88.3	59.8	28.5	77.2	4.61	77.8	E.S.E. to E.b.S.	9.9	
May ...	153.6	52.1	86.8	56.1	30.7	73.0	1.73	77.3	S.E.b.S. S.E.b.E. E.S.E. & var.	9.8	Thunder on June 6th. distant but distinct.
June ...	149.8	48.2	82.7	51.7	31.0	69.0	1.63	74.6	S.E.b.E. & E.S.E.	10.2	
July ...	144.7	52.0	80.6	56.6	24.0	68.9	2.93	72.8	E.S.E.	13.9	Velocity of wind 21 miles above ave- rage.
August ...	145.8	51.9	80.4	55.7	24.7	69.0	3.40	74.6	E.S.E.	13.8	Rainfall 39 o/o above average.
September.	153.0	51.5	84.4	56.6	27.8	70.9	1.68	73.9	E.S.E.	11.8	
October ...	155.0	53.5	86.5	56.7	29.8	71.3	2.25	78.4	S.E.b.E. to E.b.N.	9.3	Velocity of wind 2.1 miles below ave- rage.
November..	157.2	55.3	88.9	60.2	28.7	76.6	1.73	73.8	N.E.b.N. to S.E. & N.W.	8.6	
December...	156.2	58.6	92.8	63.8	29.0	79.0	1.31	71.0	S.E.b.E. to E.b.N.	11.2	Rainfall 73 o/o be- low average.

* Absolute not mean values.

† Mean of 6+15 h.

Cyclones occurred on January 4-9, March 3-9 and December 9-22.

MONTHLY RETURN OF DISEASES AND DEATHS

Months.				January.		February.		March.		April.		May.		June.	
Mean Temperature				79.6		78.3		78.4		77.2		73.0		69.0	
Mean Humidity				74.6		81.9		81.3		77.8		77.3		74.6	
Diseases.				Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
General Diseases.	Plague ... ..	...	...	...	...	...	...	...	...	...	...	...	...	2	...
	Small-pox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Chicken-pox ... ..	...	...	1	...	...	...	...	...	...	...	...	...	...	...
	Measles ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Typhus ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Dengue ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Influenza ... ..	...	...	19	...	23	...	36	...	93	1	287	14	151	8
	Diphtheria ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Febricula ... ..	...	...	...	...	...	...	...	...	...	...	1	...	2	...
	Enteric Fever ... ..	...	...	3	...	6	1	1	...	7	1	4	3	...	...
	Cholera ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Dysentery ... ..	...	...	35	5	53	11	64	12	103	8	75	12	71	20
	Yellow fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Malarial Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(a) Intermittent ... ..	...	...	341	7	369	10	485	11	702	15	725	19	303	7
	(b) Remittent ... ..	...	...	12	...	14	...	16	1	23	...	15	...	11	...
	(c) Pernicious R. ... ..	...	...	3	...	4	1	6	1	4	...	4	1	6	...
	Erysipelas ... ..	...	...	5	1	4	...	5	1	6	1	4	...	...	...
	Pyæmia ... ..	...	...	...	1	...	...	1	...	...	...	...	...	...	...
	Septicæmia ... ..	...	...	1	...	1	1	1	...	2	1	1	1	1	...
	Tetanus ... ..	...	...	1	...	...	...	3	...	1	...	1	2	...	...
	Tubercle ... ..	...	...	5	1	3	...	7	1	9	...	4	2	5	1
	Leprosy	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(a) Tubercular ... ..	...	...	1	...	2	...	...	...	...	...	...	...	...	...
	(b) Anæsthetic ... ..	...	...	...	...	...	...	2	...	...	...	1	...	1	...
	Yaws ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(a) Primary ... ..	...	...	19	...	25	1	34	...	26	2	14	...	11	...
	(b) Secondary ... ..	...	...	20	...	20	...	18	...	17	1	10	1	13	1
	(c) Inherited ... ..	...	...	3	...	5	...	4	1	2	...	3	...	...	...
	Gonorrhœa ... ..	...	...	16	...	17	...	8	...	9	...	14	...	11	...
	Hydrophobia ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Scurvy ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Alcoholism ... ..	...	...	1	...	1	...	1	...	1	...	2	...	2	...
	Delirium Tremens ... ..	...	...	...	...	...	...	...	...	2	...	2	...	...	...
	Rheumatism... ..	...	...	64	...	58	...	39	...	30	...	30	...	35	...
	Rheumatic Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Gout ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	New Growth, non-malignant.	...	...	3	...	3	...	3	...	7	...	3	...	2	...
	New Growth, malignant ... ..	...	...	2	...	8	...	2	...	6	1	6	2	1	...
	Anæmia ... ..	...	...	22	1	22	...	41	...	36	1	41	...	25	5
	Diabetes mellitus ... ..	...	...	4	...	3	...	4	2	6	2	2	1	1	...
	Diabetes insipidus ... ..	...	...	1	...	1	...	...	...	...	...	...	...	...	...
	Debility ... ..	...	...	35	8	35	3	33	4	48	8	51	8	68	14
	Other Diseases ... ..	...	...	50	1	44	3	55	4	54	3	71	6	21	5
Carried over ...				667	25	721	31	869	38	1,194	45	1,371	72	743	61

The form shows the arrangement of diseases in the nomenclature of the Royal College of Physicians according to type. To save space, the unimportant diseases of any class can be grouped in their places

IN 1899 IN PUBLIC HOSPITALS, MAURITIUS.

July.		August.		September.		October.		November.		December.		Yearly Total.		Remarks.
68.9		69.0		70.9		71.3		76.6		79.0				
72.8		74.6		73.9		78.4		73.8		71.0				
Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
11	3	19	9	19	11	9	5	4	2	2	2	66	32	
...	
...	...	...	...	1	...	...	...	1	...	...	...	3	...	
...	
...	
...	
53	5	35	1	29	1	21	1	19	4	17	...	783	35	
1	...	...	...	...	...	...	...	1	...	...	...	2	...	
...	...	2	...	1	...	...	...	...	...	...	...	6	...	
...	...	3	...	1	...	1	...	...	1	...	...	26	6	
...	
44	11	38	3	42	7	27	6	26	4	28	7	606	106	
...	
188	11	168	5	131	8	133	7	182	4	242	5	3,969	109	
10	...	6	...	5	...	5	...	7	...	10	...	134	1	
5	1	2	2	4	...	4	...	4	2	3	...	49	8	
5	...	8	...	2	1	1	...	6	2	...	...	46	6	
1	...	...	1	...	...	...	...	...	...	...	...	2	2	
1	2	...	...	...	...	...	...	...	...	...	...	8	5	
...	...	1	...	1	1	...	...	1	1	...	...	9	4	
3	1	5	1	4	1	4	3	5	1	3	...	57	12	
...	
1	1	...	...	...	...	1	...	...	...	2	...	7	1	
...	...	...	...	...	...	...	...	1	...	...	...	5	...	
...	
13	...	17	...	17	1	13	...	10	...	15	...	213	4	
12	1	10	...	12	...	8	...	2	...	4	...	146	4	
...	...	...	...	1	...	...	...	...	...	2	...	20	1	
9	...	11	...	9	...	14	...	9	...	12	...	139	...	
...	
...	
1	...	1	...	2	...	3	...	4	...	1	...	20	...	
...	...	...	...	...	...	...	...	...	...	...	...	4	...	
44	...	36	2	49	...	47	1	32	1	41	...	505	4	
...	
...	
1	...	...	...	4	...	2	1	8	...	2	...	38	1	
2	...	5	1	3	...	9	3	2	1	...	...	46	8	
21	2	31	...	17	3	15	3	24	...	27	2	322	17	
1	...	...	1	...	...	2	...	...	1	...	...	24	7	
...	...	...	...	...	...	...	...	...	...	...	...	2	...	
56	8	44	6	45	9	40	7	28	3	21	2	504	80	
29	3	28	1	41	1	27	...	60	5	59	1	539	33	
512	49	470	33	440	44	386	37	436	32	491	19	8,300	486	

1896 edition. Important diseases are to be arranged in like order. Malarial Fevers should be distinguished as " Other Diseases " of the class.

MONTHLY RETURN OF DISEASES AND DEATHS

Months.			January.		February.		March.		April.		May.		June.	
Mean Temperature			79°·6		78°·3		78°·4		77°·2		73°·0		69°·0	
Mean Humidity			74°·6		81°·9		81°·3		77°·8		77°·3		74°·6	
Diseases.			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Brought forward ...			667	25	721	31	869	38	1,194	45	1,371	72	743	61
Diseases of the Nerves—														
LOCAL DISEASES.	DISEASES OF THE NERVOUS SYSTEM.	Sub-section 1.	Neuritis	2	...	...	2	..	1	...	...	...	...	...
			Meningitis	2	1	...	2	...	...	...	3	2	1	...
			Myelitis	4	...	6	9	...	3	1	...	...	3	...
			Hydrocephalus ... ..	...	...	...	...	...	...	...	...	...	...	...
			Encephalitis ... ..	...	...	...	...	...	...	...	...	...	...	...
			Abscess of Brain... ..	...	...	...	...	...	...	...	...	...	...	...
			Con- gression of Brain	1	1	1	8	2	5	1	10	4	5	3
			Functional Nervous Disorders—											
		Sub-section 2.	Apoplexy	3	...	3	2	3	...	...	1	1	...	...
			Paralysis	6	...	2	...	...	3	...	2	...	2	1
			Chorea ... ..	...	...	1	1	...	1	...	...	...	...	1
			Epilepsy	12	...	10	11	...	20	...	11	...	25	2
			Neuralgia... ..	10	...	16	16	...	14	...	7	...	7	...
			Hysteria ... ..	...	...	2	1	...	1	...	...	...	1	...
			Mental Diseases—											
		Sub-section 3.	Idiocy ... ..	...	...	...	...	...	2	...	3	...	1	...
			Mania	5	...	7	10	...	12	...	10	...	8	...
			Melancholia	3	...	1	...	...	3	...	5	...	5	...
			Dementia ... ..	...	...	1	...	...	...	...	...	...	4	...
			Delusional Insanity	...	...	...	...	...	...	...	1	...	...	...
Local Diseases.	Diseases of the Eye ...		35	...	22	...	22	...	22	...	10	...	19	...
	"	" Ear ...	4	...	...	...	4	...	4	...	...	...	2	...
	"	" Nose ...	3	...	...	...	2	...	...	...	...	...	1	...
	"	" Circulatory System.	20	4	13	2	22	4	28	8	10	7	16	5
	"	" Respiratory System.	150	16	167	16	183	15	206	18	235	29	157	27
	"	" Digestive System.	116	10	12	11	109	9	130	16	117	13	88	13
	"	" Lymphatic System.	24	2	58	1	23	1	20	...	16	...	32	...
	"	" Urinary System.	47	3	27	4	34	3	32	3	21	6	28	7
	"	" Generative System—												
	"	Male Organs	27	1	26	1	26	...	23	...	16	...	19	...
	"	Female „	12	...	15	...	18	1	11	1	11	...	10	1
	"	Organs of Locomotion.	19	...	25	1	24	1	23	2	11	...	11	...
	"	" Cellular Tissue.	60	1	53	1	72	1	56	2	50	2	41	...
	"	" Skin ...	76	...	83	1	62	...	52	...	50	...	44	...
Total			1,308	64	1,272	72	1,532	78	1,866	97	1,971	136	1,273	121

The form shows the arrangement of diseases in the nomenclature of the Royal College of Physicians, according to type. To save space, the unimportant diseases of any class can be grouped in their places

IN 1899 IN PUBLIC HOSPITALS, MAURITIUS.

July.		August.		September.		October.		November.		December.		Yearly Total.		Remarks.
68°.		69°.		70°.		71°.		76°.		79°.				
72°.		74°.		73°.		78°.		73°.		71°.				
Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
512	49	470	33	440	44	386	37	436	32	491	19	8,300	486	
...	...	...	...	...	...	...	...	...	...	...	...	5	...	
3	3	...	...	1	...	3	1	4	4	...	...	19	11	
2	1	4	...	2	1	4	...	3	1	1	1	41	5	
...	...	...	...	...	...	1	...	...	...	...	...	1	...	
...	
...	
...	...	3	1	1	1	2	1	1	1	2	1	39	17	
2	2	2	1	1	...	2	2	2	1	4	1	22	12	
2	1	7	1	3	...	3	...	10	...	6	...	46	4	
...	...	...	...	...	...	...	...	1	...	...	...	4	1	
21	...	24	1	20	...	18	2	11	...	19	...	202	5	
5	...	4	...	10	...	11	...	9	...	14	...	123	...	
...	...	...	...	...	...	1	...	...	...	...	...	6	...	
2	...	...	...	3	...	...	...	...	...	3	...	14	...	
6	...	8	...	7	...	3	...	6	...	4	...	86	...	
2	...	1	...	1	...	1	...	...	...	1	...	23	...	
5	...	3	...	...	...	1	...	3	...	3	...	20	...	
...	...	1	...	1	...	1	...	...	...	...	...	4	...	
25	...	24	...	20	...	17	...	17	...	19	...	252	...	
6	...	2	...	5	...	3	...	5	...	4	...	39	...	
...	...	...	...	...	...	1	...	...	...	...	...	7	...	
19	9	22	5	11	2	23	3	20	7	13	1	217	57	
132	31	160	23	140	18	123	32	129	16	120	16	1,902	257	
72	2	75	5	68	3	74	4	75	13	65	6	1,001	105	
28	...	33	1	26	...	18	2	15	...	5	...	298	7	
38	14	26	2	19	1	18	2	22	3	18	5	330	53	
16	...	21	...	20	...	15	...	17	...	14	...	240	2	
9	...	14	...	7	...	8	...	8	...	9	...	132	3	
7	...	3	...	7	...	6	...	3	...	2	...	141	4	
37	...	39	1	32	...	34	...	33	...	29	1	536	9	
41	...	56	...	67	...	53	...	45	...	37	...	666	1	
992	112	1,002	74	912	70	830	86	875	78	883	51	14,716	1,039	

1896 edition. Important diseases are to be arranged in like order. Malarial Fevers should be distinguished as "Other Diseases" of the class.

MONTHLY RETURN OF DISEASES AND DEATHS

Months.			January.		February.		March.		April.		May.		June.	
Mean Temperature			79.6		78.3		78.4		77.2		73.0		69.0	
Mean Humidity			74.6		81.9		81.3		77.8		77.3		74.6	
Diseases.			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Brought forward ...			1,308	64	1,272	72	1,532	78	1,866	97	1,971	136	1,273	121
Injuries, General			6	...	10	...	7	...	9	...	6	...	...	...
,, Local			115	1	72	1	80	...	46	2	53	...	55	...
Surgical Operations			37	2	35	1	37	...	23	1	31	...	28	3
Malformations ... ..			...	...	...	...	...	...	...	...	...	...	...	...
Poisons			1	...	2	...	1	...	...	...	...	...	...	...
Parasites			10	...	3	...	7	...	13	1	4	...	5	...
Total ...			1,477	67	1,394	74	1,664	78	1,957	101	2,065	136	1,361	124

The form shows the arrangement of diseases in the nomenclature of the Royal College of Physicians, according to type. To save space, the unimportant diseases of any class can be grouped in their places,

IN 1899 IN PUBLIC HOSPITALS, MAURITIUS.

July.		August.		September.		October.		November.		December.		Yearly Total.		Remarks.
68.9		69.0		70.9		71.3		76.6		79.0				
72.8		74.6		73.9		78.4		73.8		71.0				
Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
992	112	1,002	74	912	70	830	86	875	78	853	51	14,716	1,039	
6	1	4	1	4	...	6	1	2	...	13	...	73	3	
81	3	75	1	79	...	80	1	69	1	103	...	908	10	
42	1	34	...	38	...	36	3	33	...	26	...	400	11	
...	
...	...	...	...	...	...	1	...	...	...	...	...	5	...	
10	...	9	...	2	...	6	...	8	...	8	...	85	1	
1,131	117	1,124	76	1,035	70	959	91	987	79	1,033	51	16,187	1,064	

1896 edition. Important diseases are to be arranged in like order. Malarial Fevers should be distinguished as "Other Diseases" of the class.

